

# Hounslow and Richmond Community Healthcare



NHS Trust

## TEENAGE VACCINATION CONSENT FORM

### Diphtheria/Tetanus/Polio Booster (Td/Ipv) and Meningococcal ACWY (MenACWY)

**\* Please complete all sections and return to school for the attention of the School Nursing Team**

#### YOUNG PERSONS DETAILS – Please complete in ink:

Surname..... School.....  
 First names..... Class/Form.....  
 Address ..... Home Tel.....  
 Postcode..... Parents Mobile No.....  
 D.O.B..... Male / Female Ethnicity.....  
 Doctor's name/ Surgery..... Tel no.....

#### Vaccination History:

The Diphtheria, Tetanus and Polio vaccine is the fifth and final booster required to build up long term immunity to protect you from these illnesses, also at this point we offer the Meningococcal ACWY which was introduced in August 2015; this extends protection against many types of meningitis into early adulthood where there is an increased peak in cases of Meningitis.

Has your child had any vaccinations in the last 5 years?	If <b>yes</b> please give details	<b>No</b>
Is your child on regular medication?	If <b>yes</b> please give details	<b>No</b>
Does your child have a chronic or long term condition?	If <b>yes</b> please give details	<b>No</b>
Does your child have any severe allergies?	If <b>yes</b> please give details	<b>No</b>
Is your child currently seeing a doctor or receiving any treatment?	If <b>yes</b> please give details	<b>No</b>

#### Consent for the vaccination

Parental/ Guardian Consent	Self Consent
I consent for my child to have the <ul style="list-style-type: none"> <li>• DIPHTHERIA/TETANUS/POLIO BOOSTER (combined)</li> <li>• MENINGOCOCCAL ACWY</li> </ul> In school with the school nurse/immunisation team <b>Please delete any immunisation you do not want given</b> <b>I confirm that I have parental responsibility for this child.</b>	I consent to my vaccination being given in school <ul style="list-style-type: none"> <li>• DIPHTHERIA/TETANUS/POLIO BOOSTER (combined)</li> <li>• MENINGOCOCCAL ACWY</li> </ul> I have discussed and understood these immunisations with my parent (or) school nurse/ immunisation team <b>Please delete any immunisation you do not want given</b>
Name	Name
Signature	Signature
Relationship	Date
Date	Consent discussed with Parent /Guardian/ Nurse

**Thank you for completing the form, please return it to school welfare ASAP**

**\*FOR OFFICE USE ONLY\***

**This side to be completed by the Nurse administering the vaccine**

Vaccination Given	Site of injection (please circle)		Date Given	Batch Number & Expiry Date	Immuniser Print & Sign	Where administered School/Clinic
Tetanus, Diphtheria & Polio Booster	L arm	R arm				
Meningitis ACWY	L arm	R arm				
MMR						