



Hepatitis A Vaccination consent form



Please fill out this consent form fully prior to vaccination. If you have any queries please call the team on 01423 542360 or speak to one of our nurses on the day.

PLEASE COMPLETE IN BLOCK CAPITALS USING A BLACK PEN

1. Child Information

Child's full name (<i>first name and surname</i>):	Date of birth:
Home address:	Daytime contact telephone number for parent/carer:
NHS number (<i>if known</i>):	Ethnicity:
School:	Year group/class:
GP address:	GP name:

2. Health Questions

Has your child previously received a vaccine containing Hepatitis A? <input type="checkbox"/> Yes <input type="checkbox"/> No	<i>If "Yes" please provide the date of the vaccination:</i>
Does your child have any allergies? <input type="checkbox"/> Yes <input type="checkbox"/> No	<i>If "Yes" please provide details:</i>
Has your child ever had a life threatening anaphylactic reaction to a previous vaccine? <input type="checkbox"/> Yes <input type="checkbox"/> No	<i>If "Yes" please provide details:</i>
Does your child suffer from a bleeding disorder? <input type="checkbox"/> Yes <input type="checkbox"/> No	<i>If "Yes" please provide details:</i>

3. Consent for Hepatitis A vaccination (*Please tick one response only*)

<input type="checkbox"/> YES , I consent for my child to receive the Hepatitis A vaccine.	<input type="checkbox"/> NO , I do not consent for my child to receive the Hepatitis A vaccine. <i>(Please provide details on back of form).</i>
Name (Please print your name)	
Signature Parent/Guardian	Date

THIS SECTION IS FOR SCHOOL NURSE USE ONLY

Vaccine Brand	Batch Number	Expiry Date	Dose
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Administration Date	Immuniser	Site of injection	Where administered

Reason for Non-Consent *(if applicable)*

If you decide that you **do not** want your child to receive the Hepatitis A vaccination, it would be helpful if you would provide details for your decision here and return the completed form to school.

**IMPORTANT: Any side effects following the Hepatitis A vaccination
Should be reported to your GP**

Thank you for completing this form. Please return it to your child's school as soon as possible
