



Vaccination consent form

The HPV vaccine that protects against cervical cancer is being offered to your daughter at her school. You can get further information on the website www.nhs.uk/hpv. To get the best protection, it is important that she receives two injections over a six month period. Please discuss this with your daughter, then complete this form and return it to the school. The vaccine is currently only available through the school programme. Your GP will be sent details of vaccinations given so that this information can be put on your daughter's health record. If you have more questions, please contact us on 01895 485740.

Girl's full name (<i>first name and surname</i>):	Date of Birth:
Home address:	Daytime contact telephone number for parent/carer:
Post Code:	
NHS number (<i>if known</i>):	Ethnicity
School:	Year group/class:
GP name and address:	
Does your child have any allergies or severe reaction to immunisations? YES / NO If yes please give details.	
Is your child taking any medicines or receiving medical treatment? YES / NO If yes please give details	

Consent for two HPV vaccinations (*Please complete one box only*)

I want my daughter to receive the full course of two HPV vaccinations	I do not want my daughter to have the HPV vaccine
Name Parent/Guardian	Name
Signature Parent/Guardian	Signature Parent/Guardian
Date	Date

If, after discussion, you and your daughter decide that you do **not** want her to have the vaccine, it would be helpful if you would give the reasons for this on the back of this form (*and return to the school*).

Any side effects following the HPV vaccination should be reported to the school nurse or your GP

Thank you for completing this form. Please return it to the school as soon as possible

* FOR OFFICE USE ONLY

Date	Site of injection <i>(please circle)</i>		Batch number/ expiry date	Immuniser <i>(please print)</i>	Where administered <i>(School, college, GP etc)</i>
Date of 1st HPV	L arm	R arm			
Date of 2nd HPV	L arm	R arm			

In keeping with good practice, we are required to share the following information with your child's School Nursing Service which is provided by London North West Healthcare NHS Trust for Ealing schools, Central London Community Healthcare NHS Trust for Brent schools and Central North West London NHS Foundation Trust for Hillingdon schools:

- Child's Name
- NHS Number
- Type of Immunisation Given

This data will be shared electronically using a secure integrated clinical system. If you would like further clarification around data sharing practices or if you object to your child's data being shared please contact the service directly on Tel: 01895 485740

ETHNICITY GROUPS

CODE	DESCRIPTION
A	White - British
B	White – Irish
C	White – Any other background
D	White – White & Black Caribbean
E	Mixed – White & Black Caribbean
F	Mixed – White & Black African
G	Mixed – White & Asian
H	Asian or Asian British – Indian
J	Asian or Asian British – Pakistani
K	Asian or Asian British – Bangladeshi
L	Asian or Asian British – Any other background
M	Black or Black British – Caribbean
N	Black or Black British – African
P	Black or Black British – Any other background
R	Other Ethnic Groups – Chinese
S	Other Ethnic Groups – Any other Group
Z	Not stated / Refuse to Disclose