


Vaccination Consent Form

Human papillomavirus (HPV)
0-19 Children's Universal Services

Northamptonshire Healthcare 

NHS Foundation Trust

Telephone 0300 111 1022 Option 4 followed by Option 1

The HPV vaccine that protects against cervical and other HPV related cancers is being offered shortly to your daughter at her school. The leaflet and letter that accompanies this form tells you and your daughter about the HPV vaccine.

Please complete this form and return it to the school as soon as possible. Information about the vaccinations will be put on your daughter's health records, including records at her GP's surgery and held by the NHS. If you have more questions, please contact the 0-19 team on the above telephone number.

Girls full name (first name and surname):	Date of birth:
Home address:	Daytime contact telephone number for parent/carer
NHS number (if known):	Ethnicity:
School:	Year group/class:
GP name and address:	Allergies:
Medical conditions:	

Consent for 2 HPV vaccinations (3 if applicable: only if your daughter is over 15 years)
(Please complete 1 box only)

I want and give consent for my daughter to receive the full course of HPV vaccinations:	I do not give my consent for my daughter to have the HPV vaccine
Name:	Name:
Signature: Parent/Guardian	Signature: Parent/Guardian
Date:	Date:
Immunising nurse to complete (please tick) Parental verbal consent received <input type="checkbox"/>	Form assessed by: Designation:
Young Person has self- consented <input type="checkbox"/>	

If, after discussion, you and your daughter decide that you do not want her to have the vaccine, it would be helpful if you give the reasons for this here:

Please note that if we do not receive a consent form that we could ask your daughter on the day if she would like to self-consent. Please be assured that if we receive a written refusal of consent (as indicated on this form) we will not vaccinate your daughter.

OFFICE USE ONLY

Date of HPV vaccination	Deltoid site of injection (please circle)		Batch number / expiry date	Immuniser (please print)	Recorded in System One (tick)
First	Left	Right			
Second	Left	Right			
If applicable Third	Left	Right			