



COVID 19



## Vaccination consent form for children and young people

The COVID-19 vaccine is being offered to your child either as a 1<sup>st</sup> or 2<sup>nd</sup> dose. If your child has already received a 1<sup>st</sup> dose then you will need to use this form for your child's 2<sup>nd</sup> dose. If your child has not yet received their 1<sup>st</sup> dose then you can also use this form to provide consent. Further information can be found on the [DfE website](#). Please discuss the vaccination with your child, then complete this form by: Wednesday 19<sup>th</sup> January and return it to your child's form tutor. Information about the vaccinations will be put on your child's health records.

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

Ask ALL patients ALL questions below and tick if any apply

### EXCLUSION CHECKLIST – tick any that apply

- Has your child tested positive for COVID-19 in the last 12 weeks (by a lateral flow test or a PCR test)? If so, please provide the date on which your child tested positive: \_\_\_\_\_
- Has the individual experienced major venous and/or arterial thrombosis occurring with thrombocytopenia following vaccination with any COVID-19 vaccine?
- Has the individual had any vaccination in the last 7 days?
- Is the individual currently unwell with fever?
- Does the individual have an allergy to any medications?
- Has the individual ever had an anaphylactic reaction?
- Does the individual take any regular medication if so, what? Please list: \_\_\_\_\_
- Does the individual have a history of heparin-induced thrombocytopenia and thrombosis (HITT or HIT type 2)?
- Does the individual have a history of capillary leak syndrome?
- None of the above

### CAUTION CHECKLIST – tick any that apply

- Has the individual indicated they are, or could be pregnant?
- Has the individual informed you they are currently or have been in a trial of a potential coronavirus vaccine?
- Is the individual taking anticoagulant medication, or do they have a bleeding disorder?
- Does the individual currently have any symptoms of Covid-19 infection?
- None of the above

Please complete one of the relevant sections below and tick the relevant boxes

<p><b>I <u>want</u> my child to receive the COVID-19 vaccination</b></p>	<p><b>I <u>do not want</u> my child to have the COVID-19 vaccination</b></p>
Name:	Name:
Signature: Parent/Guardian	Signature: Parent/Guardian
Date:	Date:
<input type="checkbox"/> 1 <sup>st</sup> dose <input type="checkbox"/> 2 <sup>nd</sup> dose	<input type="checkbox"/> My child has already been fully vaccinated <input type="checkbox"/> I do not wish for my child to be vaccinated



OFFICE USE ONLY					
Date of COVID-19 vaccination	Site of injection (please circle)		Batch number/ expiry date	Immuniser (please print)	Where administered ( hub, PCN, GP etc)
First	L arm	R arm			
Second	L arm	R arm			

Scan this QR

code to find out what to expect after your COVID-19 vaccination. It will tell you about any potential side effects and how to report them to the Yellowcard scheme at [yellowcard.mhra.gov.uk](https://yellowcard.mhra.gov.uk)