

**COVID-19 consent form for Pfizer BioNTec (Comirnaty®) vaccination**

The COVID-19 vaccine is being offered to your child. Your child will receive a single dose of the vaccine. Please discuss the vaccination with your child, further information can be found via: <https://www.gov.uk/government/collections/covid-19-vaccination-programme>. Information about the vaccinations will be put on your child's health records.

**Please complete the following details and return to your child's school by the specified date.**

<b>First Name</b>	<b>Last Name</b>	<b>Date of Birth (DD/MM/YYYY)</b>	
<b>Home address</b>		<b>Daytime contact telephone number for parent/guardian</b>	
<b>Post Code</b>			
<b>School/College</b>		<b>Year group and form group</b>	<b>GP name and address</b>
<b>NHS number (see red book or <a href="https://www.nhs.uk/nhs-services/online-services/find-nhs-number/">https://www.nhs.uk/nhs-services/online-services/find-nhs-number/</a>)</b>			

<b>Has your child received any vaccinations in the last week? i.e flu (circle as appropriate)</b>		
<b>Yes</b>	<b>No</b>	
If yes, please provide detail and date: _____		
<b>Please provide the date of your child previous COVID Vaccine</b> _____		
<b>Has your child ever had an adverse reaction to a vaccine?</b>	<b>Yes</b>	<b>No</b>
<b>Does your child have any allergies?</b>	<b>Yes</b>	<b>No</b>
<b>Has your child ever had a previous unexplained anaphylaxis reaction or an anaphylaxis to multiple classes of drugs?</b>	<b>Yes</b>	<b>No</b>
If yes, please give details: _____		
<b>Is your child on the Clinically Extremely Vulnerable (CEV) list? (circle as appropriate)</b>		
<b>Yes</b>	<b>No</b>	
If yes please give detail _____		
If your child is CEV or lives with someone who is CEV they are eligible for 2 doses of the vaccine 8 weeks apart, however they will require proof of this eligibility on the day. <a href="https://www.rcpch.ac.uk/resources/covid-19-vaccination-children-young-people">https://www.rcpch.ac.uk/resources/covid-19-vaccination-children-young-people</a>		
<b>Has your child had a confirmed COVID-19 infection in the 12 weeks prior to the vaccination date? (circle as appropriate)</b>		
<b>Yes</b>	<b>No</b>	
If Yes please state date of positive test _____		
<b>Your child will not be able to receive the vaccine on the day if it is less than 12 weeks since a positive covid test.</b>		
If your child test positive after you have submitted this form please inform the school		
<b>Is your child taking anti-coagulants or have a disorder that makes them prone to bleeding?</b>	<b>Yes</b>	<b>No</b>
<b>Is your child immunosuppressed or taking immunosuppressant's?</b>	<b>Yes</b>	<b>No</b>

**Please complete both sides of the form**

<b>Is your child taking any other regular medication?</b>	<b>Yes</b>	<b>No</b>
If yes, please give details: _____		
If your child has an on-going medical condition or communication difficulties that you would like to tell us about to assist the immunising nurses, please give details:		
Please ensure your child is wearing a short sleeved top on the day of vaccination.		

**GDPR For parents:** This information will be shared by your child's Immunisation team for the following reasons:

1. **Public Health England (PHE)** to provide data to Commissioners for the immunisation service.
2. **SSHIS: Staffordshire** County Council's ICT department and **Shropshire** Health Informatics Service (**SSHIS**) work together to record and report data to GP's.

If you would like (further) details about the way we handle your child's information please ask for a copy of our Privacy Notice or access the Privacy Notice by going to <https://www.shropscommunityhealth.nhs.uk/content/doclib/10648.pdf>

**Vaccinations** (Please complete **one** box only)

<b>**My child has already received their second dose of Covid-19 Vaccine ***</b>	<b>Tick for yes</b>
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I <b>want</b> my child to receive the full course of COVID-19 Pfizer BioNTec (Comirnaty®) vaccinations	I <b>do not want</b> my child to have the COVID-19 Pfizer BioNTec (Comirnaty®) vaccinations
<b>Print Name:</b>	<b>Print Name:</b>
<b>Signature:</b> <i>Parent/Guardian with parental responsibility</i>	<b>Signature:</b> <i>Parent/Guardian with parental responsibility</i>
<b>Relationship to child:</b>	<b>Relationship to child:</b>
<b>Date:</b>	<b>Date:</b>

**For staff use only**  
**Consent for COVID-19 Pfizer BioNTec (Comirnaty®) Vaccination**

**Statement of health professional:**

I have explained the procedure to the patient. Parents/Guardians have been directed to the COVID-19 vaccination website for more information. I have also discussed what the procedure is likely to involve, the benefits and risks of any available alternative treatments (including no treatment) and any particular concerns of this patient. The patient product information leaflet has been given to parent/child. In particular, I have explained:

- The risk of myocarditis and pericarditis following vaccination and action to be taken in the event of particular side effects.
- Other common side effects and any other post vaccination advice.

I have checked the consent and medical information supplied and agree that the child is clinically suitable to receive this vaccine (Please provide signature in box provided)

*Nurses Signature*

**FOR OFFICIAL USE ONLY**

<b>Vaccine:</b> COVID-19 Pfizer BioNTec (Comirnaty®)	Site of Injection (please circle)	Batch number/ expiry date	Immuniser name	Immuniser signature	Date Vaccine Given
First vaccination	L arm    R arm				

**For Office Use Only: Comment Sheet for Vaccinations & Immunisations**

Covid-19 consent form CS

**Please complete both sides of the form**

