

Important information: Please read the accompanying information before completing this form. It is important to receive the vaccinations at this age as it provides on-going protection. This vaccination will not be routinely offered by your GP. Please complete this form fully using **BLOCK CAPITALS** and black/blue ink.

PART 1: Patient Information and Contact Details	
Young Person's Surname:	Young Person's NHS Number:
Young Person's First Name:	
Date of Birth:	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female
Name of School:	Home address:
School year:	Postcode:
Daytime contact number:	Evening contact number (if different):

We may wish to contact you for feedback. Please provide your contact details.

Email address: _____

PART 2: Medical Information *(delete as appropriate)*

Has your child had any vaccinations in the last four weeks?	Yes / No
Has your child had an anaphylactic (serious life-threatening) reaction to a previous vaccine?	Yes / No
Has your child had any tetanus vaccinations in the past five years?	Yes / No
Has your child had Men ACWY vaccination in the past three years?	Yes / No
Does your child have any needs or a disability that will require additional support during vaccination?	Yes / No

If yes to any of the above please provide details

PART 3: Consent Declaration *(complete only ONE option)*

I have read and understood the information given to me about the teenage booster and meningitis vaccines. I understand that information provided will be shared with my GP to update my child's health record.

FOR PARENT / CARER TO COMPLETE

YES, I CONSENT to my son / daughter receiving the teenage booster vaccination and the meningitis (ACWY) vaccination.

Parent's name:

Parent's signature:

Date:

FOR YOUNG PERSON TO COMPLETE

Young Person's signature:

Date:

FOR PARENT / CARER TO COMPLETE

NO, I DO NOT CONSENT to my son / daughter receiving the teenage booster vaccination and the meningitis (ACWY) vaccination.

Parent's name:

Parent's signature:

Date:

FOR YOUNG PERSON TO COMPLETE

Young Person's signature:

Date:

Reason for no consent:

OFFICE USE ONLY	Last dose	Of tetanus:						Of Men ACWY (at age 10 and over):						
	Eligibility	Teenage booster (Td/IPV)			<input type="checkbox"/> Yes <input type="checkbox"/> No			MenACWY			<input type="checkbox"/> Yes <input type="checkbox"/> No			
	Name of vaccinator, signature and date	Revaxis						Nimenrix or Menveo						
	Batch no. Exp. date													
Site on arm	left / right	upper / lower	Venue	S	C	H	left / right	upper / lower	Venue	S	C	H		
Inputted	Date	Initials			Date	Initials								