

Vaccination Consent Form

Hepatitis A

Please answer all questions, sign and return this form to your child's school
before the vaccination is due to be given

Child's full name (first name and surname):	Date of Birth:	Male / Female
Home Address:	GP name and address:	
NHS number (if known):	Ethnicity:	
School:	Year group/ class:	
Contact telephone number for Parent/ Carer:		

The following information is required prior to vaccination. Lack of information may result in vaccination not being given. If you are unsure, please check with your GP.

Has your child had any serious illness, allergy or condition, including any bleeding disorder?	Yes	No	If yes, please specify:
Is your child taking <u>any</u> medication?	Yes	No	If yes, please specify:
Has your child had a serious allergic reaction to previous vaccination or antibiotics?	Yes	No	If yes, please specify the vaccine or antibiotics, and explain how they reacted:
Has your child had <u>any</u> immunisation (vaccine or immunoglobulin) in the last three months?	Yes	No	If yes, which vaccine and the date?
Has your child <u>ever</u> had hepatitis A vaccine? (e.g. for travel)	Yes	No	If yes, please give dates of all the doses
Has your child had hepatitis A infection (the illness)	Yes	No	If yes, please say when:

Please ensure that this Consent Form is signed by the parent, carer or the adult with parental responsibility (PR)

I have read and understood the information leaflet and give consent for my child to be vaccinated against Hepatitis A. <u>I consent to the Hepatitis A Vaccination</u>
Signature/Date.....
Parent/Carer.....

*FOR OFFICIAL USE ONLY			
Hepatitis A	Date	Batch/expiry	Nurse Signature
Child Health Admin	Date		Admin Signature
Entry onto RiO	Yes	No	
Letter to appropriate LA if child not Croydon	Yes	No	
Letter to GP	Yes	No	