

COVID-19 consent form for Pfizer BioNTec (Comirnaty®) vaccination-12th October @HTA

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 Friday 8th October.

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

Has your child received any vaccinations in the last week? i.e flu (circle as appropriate)		
Yes	No	
If yes, please provide detail and date: _____		
Has your child ever had an adverse reaction to a vaccine?	Yes	No
Does your child have any allergies?	Yes	No
Has your child ever had a previous unexplained anaphylaxis reaction or an anaphylaxis to multiple classes of drugs?	Yes	No
If yes, please give details: _____		
Is your child on the Clinically Extremely Vulnerable (CEV) list? (circle as appropriate)		
Yes	No	
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. However we will only be able to deliver the first dose in school. https://www.rcpch.ac.uk/resources/covid-19-vaccination-children-young-people		
Has your child had a confirmed COVID-19 infection in the 4 weeks prior to the vaccination date? (circle as appropriate)		
Yes	No	
If Yes please state date of positive test _____		
If your child test positive after you have submitted this form please inform the school		
Is your child taking anti-coagulants or have a disorder that makes them prone to bleeding?	Yes	No
Is your child immunosuppressed or taking immunosuppressant's?	Yes	No
Is your child taking any other regular medication?		Yes
No		

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)

I want my child to receive the full course of COVID-19 Pfizer BioNTec (Comirnaty®) vaccinations	I do not want my child to have the COVID-19 Pfizer BioNTec (Comirnaty®) vaccinations
Print Name:	Print Name:
Signature: <i>Parent/Guardian with parental responsibility</i>	Signature: <i>Parent/Guardian with parental responsibility</i>
Relationship to child:	Relationship to child:
Date:	Date:

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)

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FOR OFFICIAL USE ONLY

Vaccine: 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

Patient Name:		NHS Number:	
Date & Time	Comments	Signature	

Please complete both sides of the form