HUMAN PAPILLOMAVIRUS (HPV) 2 DOSE VACCINATION CONSENT FORM

The HPV vaccine which protects against several types of cancer is being offered to your child at school/ clinic. To get the best protection, two doses are required under the age of 15. The second injection will be usually offered 6 to 12 months after the first. The school will let you know when the second dose will be given. The leaflet 'Protecting against HPV infection to help reduce your risk of cancer' (Public Health England 2019), sent with this form includes more information about the vaccine. Please discuss this with your son or daughter, then complete this form and return it to the school before the vaccination is due. Information about the vaccinations will be uploaded on your child's health records. If you have any questions, please contact the Immunisation Team.

Please complete the following details and return to your child's school within one week.

First Name	Last Name	Date of Birth	
Home address		Daytime contact telephone number for parent/guardian	
Post Code			
School/College		Year group/form	Gender: Male ☐
NHS number (If known)			Female ☐
GP name and address			

If your child has already received this vaccine, please tell us here with the date/s:
Has your child received any vaccinations in the last 12 months? If yes please give details and date:
Has your child ever had an adverse reaction to a vaccine? If yes please give details:
Does your child have any general health problems? Please give details:
Is your child taking any regular medication? Please give details:
Does your child have any allergies? 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:

Statement of Health Professional; I have explained the procedure to the patient. Information leaflets have been sent to the patient/parent/guardian. In particular, I have explained:

The intended benefits; to offer protection against cancer and genital warts. I have also discussed what the procedure is likely to involve, the benefits and risks of treatment (including no treatment) and any particular concerns of this patient. The following leaflet has been supplied; **Protecting against HPV infection to help reduce your risk of cancer** (Public Health England 2019).

If, after discussion, you and your child decide that you **do not want** to have the vaccine, it would be helpful if you would give the reasons for this in the box below.

Further Comments:

Consent for two HPV vaccinations *(Please complete **one** box only)*

I **want** my child to receive the full course of two HPV vaccinations	I **do not want** my child to have the HPV vaccine
Print Name:	**Print Name:**
Signature: *Parent/Guardian with parental responsibility*	**Signature:** *Parent/Guardian with parental responsibility*
Relationship to child:	**Relationship to child:**
Date:	**Date:**

FOR OFFICIAL USE ONLY

Vaccine: **GARDASIL** **Dose: 0.5ml IM**	Site of Injection (please circle)		Batch number/ expiry date	Immuniser (legible signature/print)	Date Vaccine Given	Time
First HPV vaccination	**L** arm	**R** arm				
Second HPV vaccination	**L** arm	**R** arm				

For Office Use Only: Comment Sheet for Vaccinations & Immunisations

Patient Name:		**NHS Number:**	
Date & Time	**Comments**		**Signature**

Entered on to RiO	Date:	Initials: