



Human papillomavirus (HPV)

Vaccination consent form



The HPV vaccine that protects against cervical cancer is being offered to your daughter at her school. The leaflet that accompanies this form tells you and your daughter about the HPV vaccine. To get the best protection, it is important that she receives both injections. This information will then be sent to her GP to be put on her health record **and will inform the national cervical screening programme**. Please discuss this with your daughter, then complete this form and return it to the school before the vaccination is due to be given. Please note that whilst your consent is important, if you refuse consent the vaccination may still be given. Similarly if she refuses although you have consented, the vaccination will not be given. The decision to consent or refuse is legally hers, as long as she understands the issues in giving consent. If you have more questions, please contact the school nurse or go to www.nhs.uk/hpv for further information.

| | | |
|---|--------------------|---------------------------------------|
| Girl's full name (<i>first name and surname</i>): | | Date of Birth: |
| Home address: | | Parent/carer daytime telephone number |
| NHS number (<i>if known</i>): | | Ethnicity: |
| GP name and address: | | |
| School | | Tutor Group |
| Medical conditions | Regular medication | Severe Allergies |

Consent for both HPV vaccinations

| | |
|--|---|
| I want/do not want my daughter to receive the HPV vaccinations | I want/do not want to receive the HPV vaccinations |
| Name | Name |
| Signature Parent/Guardian | Signature Student |
| Date | Date |
| Reason consent refused (PTO for additional space to give us your reason for your decision) | Reason consent refused ((PTO for additional space to give us your reason for your decision) |

Any side effects following the HPV vaccination should be reported to the school nurse or your GP

Thank you for completing this form. Please return it to the school as soon as possible

* FOR OFFICE USE ONLY

| | Date of HPV vaccination | Time | Site of IM injection | | Gardasil (dose 0.5ml) Batch No./ expiry date | Immuniser (<i>please print</i>) | Signature | Where administered (<i>School/GP</i>) |
|--------|-------------------------|------|----------------------|-------|--|-----------------------------------|-----------|---|
| | | | L arm | R arm | | | | |
| First | | | L arm | R arm | | | | |
| Second | | | L arm | R arm | | | | |