

South Tyneside and Sunderland
NHS Foundation Trust

Parent/guardian to complete

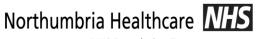
## COVID 19

## Vaccination consent form for children and young people

The COVID-19 vaccine is being offered to your child. Your child will receive their first COVID-19 vaccine and you may be notified about the second dose later. Information on the vaccines can be found at <a href="COVID-19">COVID-19</a> vaccination: resources for children and young people - GOV.UK (www.gov.uk). Please discuss the vaccination with your child, and then complete this form before it is due. Information about the vaccinations will be put on your child's health records.

Student details				
	First name:			
Surname:	First name:			
Date of birth:	Ethnicity:	School and class:		
NHS number (if known):	Candan			
NHS number (if known):	Gender:			
Home address:		GP name and address:		
	Day time contact Number:			
Post code:				
Has your child had a positive COVID test? Yes* ☐ No ☐				
Has your child had a positive COVID test? (If your child has had a positive COVID test please state date)		DD/MM/YY		
Has your child had a COVID vaccination? Yes* ☐ No ☐				
Trias your critical accords vaccilitation:				
Has your child had a severe allergic reaction to any injection or medication?				
(needing hospital care)  Yes*  No				
*If you answered <b>Yes</b> to any of the above, please give details:				
Ask for the What to expect after your COVID-19 vaccination leaflet at COVID-19 vaccination: resources for children and				
young people - GOV.UK (www.gov.uk). It will tell you about the side effects and how to report them to the Yellowcard scheme				
at <u>yellowcard.mhra.gov.uk.</u>				
Consent for immunisation (please tick YES or NO)				
VES I consent for my shild to receive the				
YES, I consent for my child to receive the COVID 19 Immunisation.  NO, I DO NOT consent to my child receiving the COVID 19 Immunisation.				
If after discussion, you and your child decide that you do not want them to have the vaccine; it would be helpful if you				
would give the reasons.				
Signature of parent/guardian		Date <i>DD/MM/YYYY</i>		
(with parental responsibility):				

In Partnership with...





**NHS Foundation Trust** 

FOR OFFICE USE ONLY 1st COVID Vaccine				
Vaccine details				
Date:	Time:	Batch number:	Expiry date:	
Right Deltoid [	☐ Left Deltoid ☐			
Administered b Name, designati	by ion and signature:			
Date:				
FOR OFFICE	USE ONLY 2 <sup>nd</sup> COVID V	accine		
Vaccine details				
Date:	Time:	Batch number:	Expiry date:	
Right Deltoid [	☐ Left Deltoid ☐			
Administered by Name, designation and signature:				
Date:				