## Consent form for additional vaccinations

## To be completed by the parent/guardian

|  |  |  |
| --- | --- | --- |
| Pupil’s name | Identity number | Class |
|  |  |  |

According to the Public Health Agency’s regulation 2015:6, all children under the age of 18 years should be offered additional vaccinations if they have not been vaccinated through the general child immunisation programme. The school doctor organises vaccinations on an individual basis.   
  
If the pupil is given other vaccinations during this time, the school nurse needs to be informed.  
Vaccination should not be given during pregnancy or if there is a suspicion of pregnancy.

## Consent for vaccination against

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| HPV (humana papillomavirus) | MPR (measles, mumps, rubella) | dTp (diphteria, tetanus, whooping caough) | Polio | Hepatitis B |
|  |  |  |  |  |

## Questions before vaccination

|  |  |  |
| --- | --- | --- |
| **Has the pupil** | **Yes** | **No** |
| Any allergies? |  |  |
| Had any allergic reaction to previous vaccinations? |  |  |
| Any cronic illness? |  |  |
| Been vaccinated during the last three months? |  |  |
| **If Yes,** please state wich vaccination and date of vaccination: |  |  |

|  |
| --- |
| If you have answered Yes to any of the questions above, please provide additional information here: |
|  |

## Consent for vaccination

I/we have received the information and give permission for the school doctor to organise the vaccinations required for complete immunisation.

**Yes  No**

Guardian

|  |  |  |  |
| --- | --- | --- | --- |
| Date | Signature | Name (please print) | Telephone |
|  |  |  |  |

Guardian

|  |  |  |  |
| --- | --- | --- | --- |
| Date | Signature | Name (please print) | Telehphone |
|  |  |  |  |

Pupil over 16 year

|  |  |  |  |
| --- | --- | --- | --- |
| Date | Signature | Name (please print) | Telephone |
|  |  |  |  |

## Guardian has sole custody

**Please return the completed consent form to the School nurse.**