

# COVID-19 Immunisation Consent Form 5 to 11 Year Olds



Please complete in BLACK INK and return to your child's school. Consent forms can be returned in a sealed envelope.

## Child's Details

Child's Surname:		Child's First Name:	
Other Names Child Is Known By:			
Date of Birth:	Gender: Male <input type="checkbox"/> Female <input type="checkbox"/>	NHS Number (if known):	
Home Address:		School:	
Postcode:		Year Group:	Class:
Home Telephone Number:		GP Name and Address:	
Parent/Guardian Mobile:			
Consent to Text (Tick as appropriate): YES <input type="checkbox"/> NO <input type="checkbox"/>			

## Important Information About This Immunisation

- 1) Has your child had any vaccination in the last 7 days? \*Yes  No
- 2) Has your child ever had a serious allergic reaction (anaphylaxis)? \*Yes  No
- 3) Has your child had a positive COVID test in the past 4 weeks?? \*Yes  No
- 4) Has your child received a previous COVID vaccination? (if yes, please give date(s) below) \*Yes  No
- 5) Has your child experienced myocarditis or pericarditis after a previous dose of Covid-19 vaccine? \*Yes  No

\*If you answered YES to any of the above PLEASE GIVE DETAILS:

Additional information:

Please be aware that if your child has a high temperature and is unwell on the day of vaccination, it will be postponed until they feel better.

(If you would prefer your child not to see this information, please return the form to the school in a sealed envelope with a note asking us not to give it to them)

## Consent for Immunisation (Please complete one of the below)

**YES, I consent for my child to receive the COVID-19 Vaccination**

Name (print): .....

Signature of Parent/Guardian  
(with parental responsibility): .....

Relationship to Child: .....

Date: .....

**NO, I do not consent for my child to receive the COVID-19 Vaccination**

Name (print): .....

Signature of Parent/Guardian  
(with parental responsibility): .....

Relationship to Child: .....

Date: .....

Triaged

FAO Nurse

EPUT 511P COVID19 (2022)

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Input

**FOR OFFICE USE ONLY** Eligibility assessment ON DAY of vaccination

<b>Additional Information:</b>	<b>CRITERIA - INELIGIBILITY</b>		
	Please ask the individual presenting for vaccination these questions and record that they have received appropriate counselling as to the purpose of the vaccine and side effects	YES	NO
	Is this your 2 <sup>nd</sup> dose of Covid vaccine?		
	- if yes, did you experience any unusual reactions after the 1 <sup>st</sup> dose (skin rash etc)?		
	Are you currently unwell with fever?		
	Have you ever had any serious allergic reaction to any ingredients of the Covid-19 vaccines, drug or other vaccine?		
	<b>Child's ID Confirmed by:</b>	Have you ever had an unexplained anaphylaxis reaction?	
	Do you currently have any symptoms of COVID-19 infection (or any within the last 28 days)?		

If YES to any of the above, please give details below:

**(If child not immunised) Reason:**

- Not well enough today    
  Allergies    
  Absent    
  Child refused (none given)
- Other reason:

Name: \_\_\_\_\_ Signature: \_\_\_\_\_  
 Designation: \_\_\_\_\_ Date: \_\_\_\_\_

**Details of Supply and/or Administration of COVID-19 vaccine**

Date:	Site of Injection	Batch Number / Expiry Date	Dose	Venue Where Administered
	L Arm / IM / SC    R Arm / IM / SC		10iu	
Brand of Vaccine:	Pfizer    Moderna    Other (State):	<i>Please Circle</i>		
1st Dose	2nd Dose	3rd/Booster dose	<i>Please Circle</i>	

Nurse/Immuniser Signature: \_\_\_\_\_  
 Print Name: \_\_\_\_\_ Designation: \_\_\_\_\_

**Clinician Drawing up Vaccine**

Signature: \_\_\_\_\_ Print Name: \_\_\_\_\_  
 Designation (NMC, or other): \_\_\_\_\_

**Responsible Clinician**

Signature: \_\_\_\_\_ Print Name: \_\_\_\_\_  
 Designation (NMC, or other): \_\_\_\_\_

**Additional Information**

**NOTES:** (Please enter name, date and sign against each entry)

I DO NOT CONSENT TO MY CHILD BEING GIVEN  
 AN EXPERIMENTAL UNPROVEN LIQUID WHICH  
 IS CAUSING ADVERSE EFFECTS AND DEATHS  
 TO PEOPLE ALL AROUND THE GLOBE!!!

Dear Parent/Carer,

Children aged 5-11 who are at serious risk from the complications of COVID-19 infection are now recommended to receive two doses of COVID-19 vaccination (Pfizer) 8 weeks apart.

Children with the following conditions are therefore invited to have this vaccination:

- severe neurodisabilities
- immunosuppression - those whose immune systems don't work as well, and those who live with someone who is immunosuppressed
- profound and multiple or severe learning disabilities
- being on the learning disability register
- those with Down's syndrome
- those with long term serious conditions affecting their body. Your GP will know if they need to have the vaccine

The vaccine is also recommended for those children living with people who have a weakened immune system (who are immunosuppressed). This is to reduce the risk of them passing on the infection to their family members.

The vaccine cannot give them COVID-19 and will reduce their chance of suffering from COVID-19 disease. Like all medicines, no vaccine is completely effective and it takes a few weeks for your body to build up protection after the vaccine. Some people may still get COVID-19 despite having a vaccination, but this should lessen the severity of any infection. Vaccines can cause side effects; most are mild and short-term, and not everyone gets them.

More details are available by visiting:

[https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/1046821/COVID-19-guide-for-parents-of-children-at-risk-aged-5-11\\_years.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/1046821/COVID-19-guide-for-parents-of-children-at-risk-aged-5-11_years.pdf) or scanning the QR code below.

Your child can receive their vaccine at a community setting or in their school, if they attend a special educational needs school, by completing the attached consent form and returning it to their school within one week. Please note that vaccination needs to be delayed for 4 weeks after testing positive for COVID-19.

If you have any questions, please do not hesitate to contact the immunisation service on the phone number for your area, listed below:

0300 790 0597 Essex

0300 790 0594 Bedford, Central Bedfordshire, Luton, Milton Keynes

Yours faithfully,

Essex Partnership Trust Community and  
School Aged Immunisation Service



**I DO NOT CONSENT TO MY CHILD BEING GIVEN AN EXPERIMENTAL UNPROVEN LIQUID WHICH IS CAUSING ADVERSE EFFECTS AND DEATHS TO PEOPLE ALL AROUND THE GLOBE!!!**

## Additional Information:

### Possible Side Effects:

- Having a painful heavy feeling and tenderness in the arm where they had their injection. This tends to be worst around 1 to 2 days after the vaccine.
- Feeling tired.
- Headache.
- General aches, or mild flu-like symptoms.

These side effects should pass quickly and can be treated with paracetamol/ibuprofen if you feel your child needs it.

### The consent form needs to be signed by a person with parental responsibility which includes:

- **Mother:** automatic
- **Father:** if married to mother either when baby is born or marries subsequently
- **Unmarried father:** if name appears on birth certificate (since 01.12.03) or legally acquired
- **Others:** if parental responsibility is legally acquired
- **Parental Responsibility Agreement:** signed, properly witnessed and sent for registration to Principle Registry or the Family Division (High Court)
- **Residence Order:** granted by the Court

## Immunisation Service Privacy Notice - May 2018

### Who is collecting the data?

Essex Partnership University Trust Immunisation Service is collecting information about your child to ensure that we have up to date health information about their health at the time that you are consenting for them to receive an immunisation. Their demographic information is used to ensure that we identify their electronic health record accurately.

### What data is being collected?

We ask for basic demographic data to allow us to identify them and their health record. The information about their health is utilised by the nurses to ensure that they can confirm that the immunisation is suitable for them.

### What is the legal basis for processing the data?

Section 9(2)(h) allows for the processing of your child's data for the provision of direct healthcare and the management of healthcare systems.

### Will the data be shared with any third parties?

Your child's data will be shared with their general practice (GP) and with the child health information system (CHIS) which holds immunisation and screening information for all children in the UK.

### How will the information be used?

We collect data on consent forms to allow us to identify a person's health record if you have consented to their immunisation and to allow the nurses to make decisions about their care based on the most up to date information about their current health.

### How long will the data be stored for?

The information will be stored on their electronic health record after their vaccination; this information will then be available throughout their lifetime. Their paper records will be destroyed once they have been scanned on to their record.

### What rights does the data subject have?

Data subjects have the right to request a copy of any data we request or record about them.

### How can you contact us with queries or concerns about this privacy notice?

If you have any queries or concerns regarding the information that we hold about your child or have a question regarding this privacy notice, please contact:

Our Data Protection Officer: [Epunft.dpo@nhs.net](mailto:Epunft.dpo@nhs.net) Tel: 01268 407724

Or the Information Governance team: [Epunft.info.gov@nhs.net](mailto:Epunft.info.gov@nhs.net)

Or the Information Commissioner Office, Wycliffe House, Water Lane, Wilmslow, Cheshire, SK9 5AF

Web: <https://ico.org.uk/concerns/> Tel: 0303 123 1113

**DO NOT GIVE CONSENT TO MY CHILD BEING GIVEN AN EXPERIMENTAL UNPROVEN LIQUID WHICH IS CAUSING ADVERSE EFFECTS AND DEATHS TO PEOPLE ALL AROUND THE GLOBE!!!**