



Human papillomavirus (HPV)



Vaccination consent form

The HPV vaccine, which 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 the full course of two injections over the next six months. Please discuss this with your daughter, then complete this form and return it to the school before the vaccination is due to be given. Your GP's surgery will be sent details of vaccinations given so that this information can be put on your daughter's health record. If you have more questions, please contact the Immunisation Team on 01482 335703 or go to www.immunisation.nhs.uk/hpv for further information.

Girl's full name (first name and surname):	Date of Birth:
Home address:	Daytime contact telephone number for parent/carer:
NHS number (if known):	Ethnicity:
School:	Year group/class:
GP name and address:	

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

I want my daughter to receive the full course of two HPV vaccinations
Name:
Signature: Parent/Guardian
Date:

I do not want my daughter to receive the full course of two HPV vaccinations
Name:
Signature: Parent/Guardian
Date:

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

Information on the vaccination, including possible side effects discussed with pupil, please tick

Given under PGD (Patient Group Directive), please tick

OFFICE USE ONLY						
Date and time of HPV vaccination		Site of injection <i>(please circle)</i>		Batch number/ expiry date	Immuniser <i>(please print)</i>	Where administered <i>(school, college, GP etc)</i>
First		L arm	R arm			
Second		L arm	R arm			



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