



COVID 19

NHS

England

Vaccination consent form for children and young people aged under 16

The COVID-19 vaccine is being offered to your child on 2nd & 3rd March 2022 at Sybil Andrews Academy by clinicians from West Suffolk NHS Foundation Trust's Vaccine Taskforce. The Taskforce use the Pfizer (Comirnaty) COVID vaccine which is the recommended vaccine for the 12-15 age group. We are able to deliver 1st & 2nd jabs to all clinically eligible children. Please discuss the vaccination with your child, then complete this form if you wish them to receive a vaccination, they will require it on the day. Information about the vaccinations will be put on your child's health records. If you do not wish your child to receive a vaccination at this time you do not need to return the form. Your child may decline vaccination on the day, we will respect their wishes.

Your child is not eligible if they have tested positive for COVID within the last 12 weeks
2nd vaccinations are available from 12 weeks after the first.

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

Screening questions for COVID-19 Vaccination:

- Is your child currently unwell with a fever/temperature? **YES/NO**
- Has your child ever had a serious allergic reaction to any ingredients of the COVID-19 vaccines (including Polyethylene Glycol), any medicine or vaccine? **YES/NO**
- Has your child ever had an unexplained anaphylactic reaction? **YES/NO**
- Does your child have a history of heparin-induced thrombocytopenia and thrombosis (HITT or HIT type 2)? **YES/NO**
- Has your child experienced major venous and/or arterial thrombosis occurring with thrombocytopenia following vaccination with any COVID-19 vaccine? **YES/NO**
- Does your child have a history of capillary leak syndrome? **YES/NO**
- Has your child had any Covid symptoms or tested positive for Covid over the last 12 weeks? **YES/NO**
- Has your child had any vaccinations in the past 7 days? **YES/NO**
- Does your child take anticoagulants or have a bleeding disorder? **YES/NO**

Consent for COVID-19 vaccination

I want my child to receive the COVID-19 vaccination
Name:
Signature: Parent/Guardian
Date:

Ask for the What to expect after your COVID-19 vaccination leaflet at [gov.uk/government/publications/covid-19-vaccination-resources-for-children-and-young-people](https://www.gov.uk/government/publications/covid-19-vaccination-resources-for-children-and-young-people). It will tell you about the side effects and how to report them to the Coronavirus Yellow card scheme at [coronavirus-yellowcard.mhra.gov.uk](https://www.coronavirus-yellowcard.mhra.gov.uk).