



Human papillomavirus (HPV)

Vaccination consent form



The HPV vaccine that 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 has both injections over about twelve months. Please discuss this with your daughter, then complete this form and return it to the school before the first 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 school nurse or other health professional or go to www.nhs.uk/conditions/HPV-vaccination for further information.

PLEASE COMPLETE USING A BLACK PEN

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

Consent for both HPV vaccinations *(Please complete one section only)*

<input type="checkbox"/> I want my daughter to receive the full course of two HPV vaccinations.	Only complete this section if you DO NOT want your daughter to have the HPV vaccinations
<input type="checkbox"/> I confirm I have answered the health questions on the back of this form	<input type="checkbox"/> I do not want my daughter to have the HPV vaccinations.
Name (Please print your name)	Name (Please print your name)
Signature Parent/Guardian	Signature Parent/Guardian
Date	Date

Any side effects following the HPV vaccination should be reported to the school nurse or your GP

Thank you for completing this form. Please return it to your daughter's school as soon as possible

THIS SECTION FOR SCHOOL NURSE USE ONLY

Date	Site of injection (<i>please circle</i>)		Batch number/ expiry date	Immuniser (<i>please print</i>)	Where administered
First HPV vaccination	L arm	R arm			
Second HPV vaccination	L arm	R arm			

Please answer the health questions on the back of this form



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If you want your daughter to receive the full course of two HPV vaccinations, please answer the following questions:

<p>Has your daughter had an adverse reaction to an injection in the past?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>If yes, please give details:</p>
<p>Does your daughter have a blood disorder?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>If yes, please give details:</p>
<p><input type="checkbox"/> I confirm I will contact the School Nurse if my daughter experiences any changes in her health history over the next six months or during the course of the vaccination period.</p>	

If, after discussion, you and your daughter decide that you **do not** want her to have the vaccinations, it would be helpful if you would give the reasons for this here and return the completed form to school.