

The COVID-19 vaccine is being offered to your child. Your child will receive their first COVID-19 vaccine and you may be notified about the second dose later. Further information can be found on the DfE website:

<https://www.gov.uk/government/publications/covid-19-vaccination-resources-for-children-and-young-people>Please discuss the vaccination with your child, and complete this form by:  **Monday 18 October.**

Information about the vaccinations will be put on your child’s health records.

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| Childs full name (first name and surname): | Date of birth: |
| Home address: | Daytime contact telephone number for parent/carer: |
| NHS number (if known): | Ethnicity: |
| School (if relevant): **Isleworth & Syon School** | Year group/class: |
| GP name and address: | |

**Answer ALL questions below and tick if any apply**

**EXCLUSIONS CHECKLIST** – tick any that apply

* Has your child tested positive for COVID-19 in the last 28 days (by a lateral flow test or a PCR test)?
* Has the individual experienced major venous and/or arterial thrombosis occurring with thrombocytopenia following vaccination with any COVID-19 vaccine?
* Has the individual had any vaccination in the last 7 days?
* Is the individual currently unwell with fever?
* Has the individual ever had any serious allergic reaction to any ingredients of the Covid-19 vaccines, drug or other vaccine?
* Has the individual ever had an unexplained anaphylaxis reaction?
* Does the individual have a history of heparin-induced thrombocytopenia and thrombosis (HITT or HIT type 2)?
* Does the individual have a history of capillary leak syndrome?
* None of the above.

**CAUTION CHECKLIST** – tick any that apply

* Has the individual indicated they are, or could be pregnant?
* Has the individual informed you they are currently or have been in a trial of a potential coronavirus vaccine?
* Is the individual taking anticoagulant medication, or do they have a bleeding disorder?
* Does the individual currently have any symptoms of Covid-19 infection?
* None of the above.

**CONSENT FOR COVID-19 VACCINATION** – please complete **one** box only

|  |  |
| --- | --- |
| I **want** my child to receive the COVID-19 vaccination | I **do not want** my child to receive the COVID-19 vaccination |
| Name: | Name: |
| Parent/Guardian Signature: | Parent/Guardian Signature: |
| Date: | Date: |

**Ask for the What to expect after your COVI0-19 vaccination leaflet at** [**www.gov.uk/government/publications/covid-19-vaccination-resources-for-children-and-young-people**](http://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 Yellowcard scheme at** [**Yellowcard.mhra.gov.uk**](file:///C:\Users\fef\AppData\Local\Microsoft\Windows\INetCache\Content.Outlook\0V5O5PSP\Yellowcard.mhra.gov.uk)

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| **OFFICE USE ONLY** | | | | | | |
| Date of COVID-19  Vaccination | | Site of injection  (please circle) | | Batch number/  expiry date | Immuniser  (please print) | Where administered  (hub, PCN, GP etc) |
| First: |  | **L** Arm | **R** Arm |  |  |  |
| Second: |  | **L** Arm | **R** Arm |  |  |  |