

## HUMAN PAPILLOMAVIRUS (HPV – Neutral Gender) 1 DOSE VACCINATION CONSENT FORM

The HPV Gardasil 9 vaccine which protects against several types of cancer is being offered to your child at school/ clinic. Please discuss this with your son or daughter, then complete this form and return it to the school before the vaccination is due. Information about the vaccinations will be uploaded on your child's health records. If you have any questions, please contact the Immunisation Team. Please scan the QR code to view the HPV Information Leaflet.



Please complete the following details and return to your child's school within one week.

<b>First Name</b>	<b>Last Name</b>	<b>Date of Birth</b>	
<b>Home address</b>		<b>Daytime contact telephone number for parent/guardian</b>	
<b>Post Code</b>			
<b>School/College</b>		<b>Year group/form</b>	<b>Gender:</b>
<b>NHS number (If known)</b>			Male <input type="checkbox"/>
			Female <input type="checkbox"/>
<b>GP name and address</b>			

<p><b>If your child has already received this vaccine, please tell us here with the date/s:</b></p>
<p><b>Has your child received any vaccinations in the last 12 months? If yes please give details and date:</b></p>
<p><b>Has your child ever had an adverse reaction to a vaccine? If yes please give details:</b></p>
<p><b>Does your child have any general health problems? Please give details:</b></p>
<p><b>Is your child taking any regular medication? Please give details:</b></p>
<p><b>Does your child have any allergies? Please give details:</b></p>
<p><b>If your child has an on-going medical condition or communication difficulties that you would like to tell us about to assist the immunising nurses, please give details:</b></p>

**Statement of Health Professional;** I have explained the procedure to the patient. Information leaflets have been sent to the patient/parent/guardian. In particular, I have explained:

**The intended benefits;** to offer protection against cancer and genital warts. I have also discussed what the procedure is likely to involve, the benefits and risks of treatment (including no treatment) and any particular

concerns of this patient. The following leaflet has been supplied; **Protecting against HPV infection to help reduce your risk of cancer** (Public Health England 2019).

If, after discussion, you and your child decide that you **do not want** to have the vaccine, it would be helpful if you would give the reasons for this in the box below.

<b>Further Comments:</b>

**GDPR For parents: This information will be shared by your child's Immunisation team for the following reasons:**

1. **Public Health England (PHE) to provide data to Commissioners for the immunisation service.**
2. **SSHIS : Staffordshire** County Council's ICT department and **Shropshire** Health Informatics Service (SSHIS) work together to record and report data to GP's.

If you would like (further) details about the way we handle your child's information please ask for a copy of our Privacy Notice or access the Privacy Notice by going to

<https://www.shropscommunityhealth.nhs.uk/content/doclib/10648.pdf>

**Consent for one HPV vaccination** (Please complete **one** box only)

I <b>want</b> my child to receive the full course of two HPV vaccinations	I <b>do <u>not</u> want</b> my child to have the HPV vaccine
<b>Print Name:</b>	<b>Print Name:</b>
<b>Signature:</b> <i>Parent/Guardian with parental responsibility</i>	<b>Signature:</b> <i>Parent/Guardian with parental responsibility</i>
<b>Relationship to child:</b>	<b>Relationship to child:</b>
<b>Date:</b>	<b>Date:</b>

**FOR OFFICIAL USE ONLY**

<b><u>Vaccine:</u></b> <b>GARDASIL 9</b>	Site of Injection (please circle)		Batch number/ expiry date	Immuniser (legible signature/print)	Date Vaccine Given	Time
HPV vaccination	L arm	R arm				

**For Office Use Only: Comment Sheet for Vaccinations & Immunisations**

<b>Patient Name:</b>		<b>NHS Number:</b>	
<b>Date &amp; Time</b>	<b>Comments</b>		<b>Signature</b>

Entered on to RiO	Date:	Initials:
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