



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 receives all three injections over the next six months. **Please discuss this with your daughter, then complete this form and return it to the school in the next 10 days.** 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 go to the NHS Choices website www.nhs.uk/conditions/hpv-vaccination or call NHS Direct 0845 4647 for further information.

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

If your daughter **has** had the HPV vaccination course please give details

Does your daughter have a known **severe** allergy to latex? (**please circle**) **YES** **NO**

Does your daughter have any other allergies or other information you wish to share with us?

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

I want my daughter to receive the full course of three HPV vaccinations & have read the enclosed parental letter & beating cervical cancer leaflet	I do not want my daughter to have the HPV vaccine. Please return this form to school, it would be helpful if you felt able to give reasons for declining on the back of this form
Name: Parent/Guardian	Name of person signing form:
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 the school in the next 10 days

* FOR OFFICE USE ONLY

Date of HPV vaccination		Site of injection (<i>please circle</i>)		Batch number/ expiry date	Immuniser (<i>please print & sign</i>)	Where administered (<i>School, college, GP etc</i>)
First		L arm	R arm			
Second		L arm	R arm			
Third		L arm	R arm			