

Important information: Please read the accompanying information before completing this form. It is important to receive the vaccinations at this age as it provides the best protection against cervical cancer. We aim to complete the full two dose vaccination course during school year 8. If your daughter is late in starting her vaccination course, i.e. 15 years of age or over, she will require a three dose course which is given within 12 months. **This vaccination will not be routinely offered by your GP.** Please discuss this vaccination with your daughter before completing this form and returning it to her school. Your daughter can consent for herself without your agreement and health professionals will consider her ability to make this decision. The vaccine used in the HPV vaccination programme DOES NOT contain gelatine or alcohol.

Please complete this form fully using **BLOCK CAPITALS** and black/blue ink.

PART 1: Patient Information and Contact Details	
Daughter's Surname:	NHS Number:
Daughter's First Name:	
Date of Birth:	Home address:
Name of School:	
School year:	Postcode:
Contact numbers for parents	
Daytime:	Evening:
Has your daughter had the HPV vaccinations before? <i>(delete as appropriate)</i> Yes / No <i>If yes, please provide dates and the vaccine name:</i>	
Does your daughter have any needs or a disability that will require additional support during vaccination? Yes / No <i>If yes, please provide details:</i>	

PART 2: Consent Declaration *(complete only ONE part below)*

I have read and understood the information given to me about the HPV vaccine.
I understand that information provided will be added to my NHS health records.

FOR PARENT / CARER TO COMPLETE

YES, I CONSENT to my daughter receiving the full course of HPV vaccinations.

Parent's name:

Parent's signature:

Date:

FOR YOUR DAUGHTER TO COMPLETE

Daughter's signature:

Date:

FOR PARENT / CARER TO COMPLETE

NO, I DO NOT CONSENT to my daughter receiving the full course of HPV vaccinations.

Parent's name:

Parent's signature:

Date:

FOR YOUR DAUGHTER TO COMPLETE

Daughter's signature:

Date:

Reason for no consent:

OFFICE USE ONLY	Gardasil	Dose 1			Dose 2			Dose 3 (only if applicable)		
	Name of vaccinator, signature and date									
	Batch no. Exp. date									
	Site on arm	left / right	upper / lower		left / right	upper / lower		left / right	upper / lower	
	Venue	S	C	H	S	C	H	S	C	H
Inputted	Date	Initials		Date	Initials		Date	Initials		