

The HPV vaccine that protects against several types of cancer is being offered to your child at school. Only a single dose of vaccine is required for protection and the school will let you know when this dose will be given. The leaflet 'Your guide to the HPV vaccination' sent with this form includes more information about the vaccine that is used. Please discuss this with your child, then complete this form and return it to the school before the vaccination is due. Information about the vaccination will be put on your child's health records. If you have any questions, please contact the school immunisation team.

Your child will receive their HPV vaccine in school year _____ during the _____ term

Child's full name (first name and surname):	Date of birth:
Home address:	Daytime contact telephone number for parent/carer:
NHS number (if known):	Ethnicity:
School:	Year group/class:
Name and address of GP practice:	Gender (circle as appropriate): Male Female Prefer not to say
Does your child have a disease or treatment that severely affects their immune system? It is recommended that children with severe immunosuppression receive 3 doses of HPV vaccine	

Consent for the HPV vaccine (Please complete **one** box only)

I want my child to receive the HPV vaccination	I do not want my child to receive the HPV vaccine
Name	Name
Signature Parent/Guardian	Signature Parent/Guardian
Date	Date

If, after discussion, you and your child decide that you do not want them to have the vaccine, it would be helpful if you would give the reasons for this on the back of this form (and return to the school).

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

Thank you for completing this form. Please return it to the school as soon as possible.

Office use only

Date of HPV vaccination	Site of injection (please circle)		Batch number/ expiry date	Immuniser (please print)	Where administered (school, college, GP etc)
	L arm	R arm			