



## Human Papillomavirus (HPV) Vaccination Consent Form

Your GP's surgery will be sent details of vaccinations given so that this information can be put on your daughter's health record.

Girl's full name (*First name and surname*):

Date of Birth:

Home address:

Daytime contact telephone  
number for parent/carer:

Post Code:

School:

GP name and surgery:

Does your child have a serious illness or a condition which increases her risk of  
bleeding? (*if yes, please give details overleaf*)

Yes ☐ No ☐

### Consent for vaccination:

- I have read and understand the accompanying vaccine information, including risks and side effects.
- I understand that I am giving consent for the administration of 2 doses of Gardasil over approximately 12 months.
- I confirm by signing this form that I am authorised to give consent on behalf of the above named student.

**I consent** to the above named child to receive the  
full course of 2 HPV vaccinations

Parent/Guardian  
name:

Signature

Date:

Parent/Guardian:

### \* FOR OFFICE USE ONLY \*

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