



Human Papillomavirus (HPV) Vaccination Consent Form – 2019/2020

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 (<i>First name and surname</i>):	Date of Birth:
Home address:	Daytime contact telephone number for parent/carer:
Post Code:	

School:

GP name and surgery:

Is your child receiving medical treatment or does she have a condition which increases her risk of bleeding or affect her ability to be given vaccines? Yes No
(if yes, please give details overleaf)

Consent for vaccination:

- I confirm that I have read the product information leaflet for Gardasil.
- 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.

Please complete **one** box only

I consent to the above named child to receive the full course of 2 HPV vaccinations	I do not want the above named child to have the HPV vaccine
Parent/Guardian name:	Parent/Guardian name:
<u>Signature</u> Parent/Guardian:	<u>Signature</u> Parent/Guardian:
Date:	Date:

If, after discussion, you and your daughter decide that **you do not want her** 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*).
Please return completed Consent Form to school by Friday 18 January 2019.

*** 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	<table style="width: 100%; border: none;"> <tr> <td style="width: 50%; border: none;">Left arm</td> <td style="width: 50%; border: none;">Right arm</td> </tr> </table>	Left arm	Right arm			
Left arm	Right arm					
Second	<table style="width: 100%; border: none;"> <tr> <td style="width: 50%; border: none;">Left arm</td> <td style="width: 50%; border: none;">Right arm</td> </tr> </table>	Left arm	Right arm			
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The information you will provide on the consent form is required for the School Nursing Service for the purposes of administering immunisations in schools. This information will be processed in line with the Data Protection (Bailiwick of Guernsey) Law, 2017. For full details of our Fair Processing Notice and how we look after your data please visit: www.gov.gg/hscprivacy If you don't have access to the internet please contact us and a paper copy will be provided.