



**Midlands Partnership**  
**NHS Foundation Trust**  
*A Keele University Teaching Trust*

**DELEGATED AUTHORITY:**

In particular circumstances, the person(s) who hold(s) parental responsibility may have given delegated authority to a foster carer to be able to give consent for immunisations. Where a foster carer does not hold delegated authority for immunisations please arrange for the local authority to complete and sign the enclosed form.

The COVID 19 vaccination will be given into the muscle in the upper arm; school tops with short sleeves are easier on the day however if your young person wears long sleeves it would be useful if a vest be worn under their shirt on the day of vaccination.

The Flu vaccination is a nasal spray in most cases and you will have received information about this with the information sent to you to consent for this vaccination.

Your young person will be given information about potential side effects by a nurse to bring home after the vaccination. Please see links provided in this letter for more information about this.

**If your child receives either immunisation from your G.P. before the date booked with school, please contact us at the above address to prevent the vaccination(s) being duplicated.**

If you require any further information, please contact 119, GP for further advice.

Yours Sincerely

**The School Age Immunisation Team**



Together we are making life better  
for our communities



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Midland Partnership NHS Trust  
School Age Immunisation Team

Tel: 0300 124 0366  
school.immunisation@mpft.nhs.uk  
www.mpft.nhs.uk/services/school-age-immunisation

COVID 19 Programme 2021

Dear Parent/Guardian

Your young person is able to receive the Covid 19 vaccination, which is free on the NHS for all children aged 12-15 as part of the Covid 19 vaccination programme.

Covid 19 vaccination helps to protect your child and those at risk from Covid 19 in the communities. At present, the guidance is that your child will receive one dose of the vaccine.

If you do not submit written consent, your child will not receive the vaccination.

The School Age Immunisation Team will provide this vaccination at school, the date of these vaccinations will be available via our website and through communication from your child's school. Please ensure that you provide us with your most up to date contact details.

**Information on the vaccinations can be found on the following links:**

<https://www.gov.uk/government/publications/covid-19-vaccination-resources-for-children-and-young-people/covid-19-vaccination-a-guide-for-eligible-children-and-young-people>

<https://www.gov.uk/government/publications/covid-19-vaccination-resources-for-children-and-young-people>

**PARENTAL RESPONSIBILITY:**

The person(s) with parental responsibility will usually, but not always, be the child's birth parents.

People with parental responsibility for the child include: the child's mother; the child's father if married to the mother at the child's conception, birth or later; a legally appointed guardian; the local authority if the child is on a care order; or a person named in a residence order in respect of the child. Fathers who have never been married to the child's mother will only have parental responsibility if they acquired it through a court order or parental responsibility agreement.

After the 30<sup>th</sup> November 2003 unmarried fathers have automatic parental responsibility for their children if they are named on the birth certificate. For a child born before the 30<sup>th</sup> November 2003, they can be re-registered and the father named on the birth certificate, after which the father will have automatic parental responsibility.



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\* FOR OFFICE USE ONLY Given in Accordance with National Protocol

FOR COMPLETION BY ASSESSOR

DATE/TIME	Clinical Assessment	Assessor: Name/Signature/Designation /PIN
	<input type="checkbox"/> Proceed with vaccination	
DATE/TIME	Exclusion/Reason not Vaccinated	Assessor: Name/Signature/Designation/ PIN
	<input type="checkbox"/> Generally feeling unwell/symptomatic <input type="checkbox"/> Contraindicated/clinically not suitable <input type="checkbox"/> Consent not given/child refused	

FOR COMPLETION BY VACCINATOR

DATE/TIME	Site	Route	Batch Number/ Expiry date	Immuniser: Name/Signature Designation/ PIN	Where administered School/College/Clinic
<b>COVID-19 Vaccination – Pfizer</b>					
	L Arm R Arm	SC IM			
Mixer Name / PIN					Batch defrost date –
Clinical shift supervisor / PIN					

Client Record Notes:

Date/Time/Location	Comments	Name/Signature/ Designation

1<sup>st</sup> Dose

2<sup>nd</sup> dose

NIMS check

## COVID-19 Vaccination Parental Consent Form

Surname:		First Name:	Known As:
Date of Birth:	Age:	Gender: Female <input type="checkbox"/> Male <input type="checkbox"/>	NHS Number:
Home Address:		GP Surgery Name:	School
		Year Group/Tutor Group	
Post code:		1 <sup>st</sup> Contact Name & Relationship: Telephone Number	
		2 <sup>nd</sup> Contact – Name & Relationship: Telephone Number:	
If you <b>DO NOT</b> agree to receiving text messages from MPFT, please tick here <input type="checkbox"/>			

**Please complete the following questions to ensure safe vaccine administration**

1.	Has your child tested positive for COVID-19 in the last 12 weeks? If yes on what date?	Yes/No
2.	Has your child received the Covid-19 vaccination in the last 3 months? If yes on what date?	Yes/No
3.	Has your child had ever had a serious allergic reaction to any vaccinations? If yes, please give details:	Yes/No
4.	Does your child have an allergy to Polyethylene Glycol?	Yes/No
5.	Does your child take any medication for a bleeding disorder? If yes, please give details:	Yes/No
6.	Has your child ever been prescribed an adrenaline autoinjector such as an EPIPEN? If yes, please give details	Yes/No
7.	Please provide any other additional information that will be helpful during vaccination? E.g. phobia, anxiety, behaviour issues?	

**Consent for COVID-19 Vaccination –  
 To be signed by the person with parental responsibility or delegated authority –  
 please complete ONE box**

\* see accompanying letter.

*Please complete ONE box only*

**I DO WANT** my child to receive the COVID-19 Vaccine

Name:

Signature:

Relationship to Child:

Date:

**I DO NOT WANT** my child to have the COVID-19 vaccine because

They have been vaccinated elsewhere

I do not want my child to receive it

Name:

Signature:

Relationship to Child:

Date: