

## Meningococcal ACWY (MenACWY) Vaccination consent form

The MenACWY vaccine that protects against four different types of meningococcal bacteria (groups A, C, W and Y) is being offered to your son or daughter at school. Meningococcal bacteria can cause meningitis (inflammation of the lining of the brain) and septicaemia (blood poisoning). Both diseases are very serious and can kill, especially if not diagnosed early.

Please complete this form and return it to the school before the vaccination is due to be given. Information about the vaccination will be put on your child's health records, including records at their GP surgery and held by the NHS. If you have more questions, please contact the School Age Immunisation Service on 07920182032, school nurse or other health professional. For further information go to

<http://www.nhs.uk/conditions/vaccinations/pages/men-acwy-vaccine.aspx>

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:
GP name and address:	

### Consent for MenACWY vaccination (Please complete **one** box only)

<b>I want</b> my child to receive the MenACWY vaccination	<b>I do not want</b> my child to have the MenACWY vaccination
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 MenACWY vaccination should be reported to the school nurse or your GP**

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

#### OFFICE USE ONLY

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