COVID-19 Vaccination Consent Form: 5-11 year olds

Complete a separate form for each child

Child's name:	**Child's date of birth:**
GP Practice Name:	
Daytime telephone numbers (parent)	
Email address:	
Child's Social Security Number:	
Child's Address:	

Please read information provided and only answer the contraindication questions relevant for your child

'Not at risk' Contraindication questions:	**Yes**	**No**	
*Has your child had a positive PCR COVID test in the past **12** weeks?* *If yes please provide date of test:*			**Date:**
Has your child had a COVID vaccine before? *If yes please provide date for COVID vaccine(s) given:* *(Note: **12 week** interval between doses)*			**Dose 1 date:** **Dose 2 date:**
Has your child ever had anaphylaxis / severe allergic reaction to anything?			

'At Risk / Immunosuppressed' Contraindication questions:	**Yes**	**No**	
*Has your child had a positive PCR COVID test in the past **4** weeks?* *If yes please provide date of test:*			**Date:**
Has your child had a COVID vaccine before? *If yes please provide date for COVID vaccine(s) given:* *(Note: **8 week** interval between doses)*			**Dose 1 date:** **Dose 2 date:**
Has your child ever had anaphylaxis / severe allergic reaction to anything?			

Paediatric

Consent to have COVID-19 Vaccine	
YES - I do WANT my child to have a dose of the COVID-19 Vaccine.	
Parent / Guardian's Name: Please circle relationship: Mother / Father / Legal Guardian	
Signature:	
Date:	

FOR OFFICAL USE ONLY		
Batch number:	Expiry Date:	Date given:
Vaccine administered by (print name):	Fort Regent ☐ Outreach ☐	Site of injection: (please circle) Right Arm / Left Arm

Strategic Policy, Performance and Planning collects your information in order to deliver the Covid-19 Vaccination Programme. Your data will be retained in secure systems and in line with the Data Protection (Jersey) Law 2018. For more information about how data is used to support the Covid-19 Vaccination Programme, search 'vaccination programme privacy policy' on www.gov.je