



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.

The leaflet 'In school years 9 to 13? Protect yourself against meningitis and septicaemia' which accompanies this form provides more information about the vaccine and the disease. Please discuss this with your child, then 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 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:	

Your child will receive their MenACWY vaccine in Year 9 / 10 / 11 [delete as appropriate], _____ term.

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

<p>I want my child to receive the MenACWY vaccination</p> <p>Name</p> <p>Signature Parent/Guardian</p> <p>Date</p>	<p>I do not want my child to have the MenACWY vaccination</p> <p>Name</p> <p>Signature Parent/Guardian</p> <p>Date</p>
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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			