



Coronavirus vaccine consent form for children and young people

Coronavirus is an illness that lots of people are catching at the moment.

Most people won't get very poorly from coronavirus but some people have to go to hospital. There is a very small chance that some people might die from it.



One way to help you stay safe is to get a coronavirus vaccine. The coronavirus vaccine should stop you getting very poorly if you do catch coronavirus.



It will take about 2 weeks for the vaccine to start working.



There is a small chance that you can still catch coronavirus if you have had the vaccine.



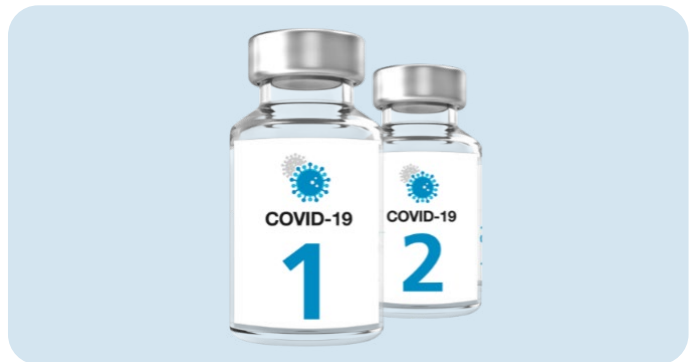
If you or your parent or carer is worried about you having the vaccine, you can talk to your doctor.



You can't catch coronavirus from having the vaccine.



You may need to have two vaccines to keep you as safe as possible.

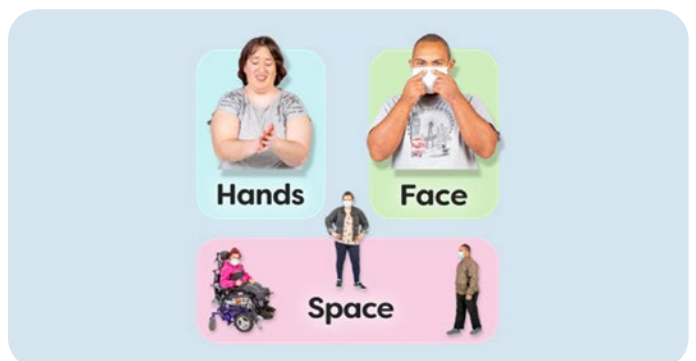


After your vaccine your arm might be a bit sore for a short time. You might also feel tired or have a headache. This is called having side effects. You can ask your parent or carer to give you some painkillers like paracetamol for this.



You don't have to do keep following the governments rules if you have been vaccinated but they will help you to stay safe.

This includes social distancing, wearing a face covering and washing your hands carefully and often.



Consent to have the coronavirus vaccine if you are 12 to 15 years old

I want to receive the full course of coronavirus vaccine



I want my child to receive the full course of coronavirus vaccines
Full name:

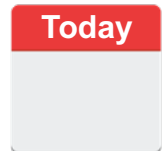
By giving consent you agree to the following statements.

- I confirm I have parental responsibility for the named child.
- I have understood the information provided to me about the coronavirus vaccination

Signature:

S Yourname 

Date:



I don't want to have the coronavirus vaccine

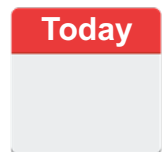


I don't want my child to receive the full course of coronavirus vaccine
Full name:

Signature:

S Yourname 

Date:



If you don't want to have the vaccine, or you do not want your child to have the vaccine, can you tell us why?
You don't have tell us.



**Thank you for completing this form.
Please give the form back at your appointment.**

Office use only

Date of COVID-19 vaccination	Site of injection (please circle)		Batch number/ expiry date	Brand of Vaccine	Immuniser name and signature (please print)	Where administered (school, home, GP etc)
	L arm	R arm				
First						
Second						

Immunisation Checklist	Yes	No
Details correct on consent form/consent given?		
Child/parent understands disease and benefits of vaccination?		
Any reactions to previous vaccinations?		
Advice on possible side-effect and their management provided and patient Information leaflet given?		
Well today?		
Any possibility of pregnancy?		
Any known allergies?		
Reasonable adjustments discussed and considered		

Gillick guidelines checklist

The information below is required by the immunising clinician if the consent form is not signed by a parent/carer and the young person wants to receive the immunisation. A young person has competency to consent when they:	Yes	No
Understand which immunisation is to be given?		
Understands what coronavirus is?		
Understand the risks of not having the vaccine and the possible side-effects of the vaccine?		
Can retain the information?		
Can use or weigh up the information provided as part of their own decision making process?		
The child/young person is free from any pressure to consent?		
Can communicate that decision to the healthcare professional?		

Healthcare Professional comments/actions/additional notes: