

HRCH Immunisation Team –

Covid 19 vaccination

SECTION 1: YOUNG PERSONS VACCINATION CONSENT FORM FOR COVID 19 VACCINATION

YOUNG PERSONS DETAILS: *

First Name:

Last Name:

Address *

Address Line 1:

Address Line 2:

Postcode:

Your Email Address:

Phone Number: *

Parents Mobile Number:

Date of Birth: * / /

Gender: Male Female Prefer not to say

School Name:

Class/Form:

Doctor's name/ Surgery:

NHS number (if known):

Childs Ethnicity: Please select

- | | |
|--|--|
| <input type="checkbox"/> White British | <input type="checkbox"/> White Irish |
| <input type="checkbox"/> White - Any other White background | <input type="checkbox"/> Mixed - White and Black Caribbean |
| <input type="checkbox"/> Mixed - White and Black African | <input type="checkbox"/> Mixed - White and Asian |
| <input type="checkbox"/> Mixed - Any other mixed background | <input type="checkbox"/> Asian or Asian British - Indian |
| <input type="checkbox"/> Asian or Asian British - Pakistani | <input type="checkbox"/> Asian or Asian British - Bangladeshi |
| <input type="checkbox"/> Asian or Asian British - Any other Asian background | <input type="checkbox"/> Black or Black British - Caribbean |
| <input type="checkbox"/> Black or Black British - African | <input type="checkbox"/> Black or Black British - Any other Black background |
| <input type="checkbox"/> Other Ethnic Groups - Chinese | <input type="checkbox"/> Other Ethnic Groups - Any other Ethnic Group |
| <input type="checkbox"/> Not stated | |

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Parental / Guardian Consent

I confirm that I have parental responsibility for this child.

Please select...

- I CONSENT for my Child to have the Covid 19 vaccination in school
- I DO NOT CONSENT for my Child to have the Covid 19 vaccination in school

Name *

First Name:

Last Name:

Relationship to child:

- Mother
- Father
- Other

If other please specify

Date: *

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Self Consent

Please select... *

- I CONSENT to have the Covid 19 vaccination in school
- I DO NOT CONSENT to have the Covid 19 vaccination in school

Name *

First Name:

Last Name:

Date: *

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SECTION 3: *Only complete this section if you have consented to the vaccination in Section 2

The Registered nurse will review the information you share below before giving the vaccination. Please complete this fully for the nurse to be able to advise on vaccination.

To prevent error in vaccination, if anything should change or if my child attends any other venue for this vaccine I will inform the team as soon as possible.

Has your child already received the COVID vaccine? *

Yes No

Does your Child have a chronic or long-term condition or taking any regular medication? *

Yes No

Does your child have a history of allergies or carry an EpiPen? *

Yes No

Has your child ever had an anaphylactic reaction to a medicine, vaccine, injected antibody preparation or a medicine likely to contain PEG (such as depot steroid injection, laxative)? *

Yes No

Does your child have a history of unexplained anaphylaxis or severe allergic reactions? *

Yes No

Does your child have a bleeding disorder or take anti-coagulants? *

Yes No

Has your child tested positive for Covid 19 during the last 28 days? *

Yes No

Had your child received any other immunisations (vaccinations) in the last 7 days? *

Yes No

Protecting your data

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Data Sharing (GDPR)

As part of the vaccine roll out, the Trust will process the data you have provided above within a secure and limited access environment. A record of the vaccine will be made on the National Immunisation Vaccination service (NIVS) system.

Anonymised data will be shared with NHS England via the National Immunisation Vaccination service (NIVS) as part of the Covid vaccine management.

Your child's GP will receive an update of the vaccination information via NIVS.

The trust processes your data as part of its public task, provision of health services and public health duty under GDPR . The Trust has also been mandated by the UK government to share this data as part of the Covid 19 response under the Control of Patient Information notice.

Please see below links for further information:

<https://www.gov.uk/government/publications/coronavirus-covid-19-notification-of-data-controllers-to-share-information/coronavirus-covid-19-notice-under-regulation-34-of-the-health-service-control-of-patient-information-regulations-2002-general>

Use of Jotform: https://www.hrch.nhs.uk/download_file/view/842/377 -

The NIMS/NIVS privacy notice is available at: <https://www.england.nhs.uk/contactus/privacy-notice/national-flu-vaccination-programme/>

Public Health England privacy notice: <https://www.gov.uk/government/publications/phe-privacy-information/covid-19-privacy-information>

HRCH privacy notice: Your patient records : [Hounslow & Richmond Community Healthcare \(hrch.nhs.uk\)](https://www.hrch.nhs.uk)