



*Please address all correspondence to the Public Health Commissioner*

**CONSENT FORM FOR HUMAN PAPILLOMAVIRUS (HPV) VACCINATION**

As part of the Ministry of Health's School Based Vaccination Program, all girls in Primary Six are being offered free HPV vaccination. This forms part of the National Immunisation Program. **HPV vaccination is recommended if your child has not received this vaccine.**

You are free to choose whether you wish for your child to receive the HPV vaccination or not.

Please read the attached leaflet and ask your health service provider any questions you may have before making a decision.

Parental consent of a parent/legal guardian is needed before any child can be vaccinated. If you agree for your child to be vaccinated, a total of three doses of HPV vaccines will be administered by the school health team over a 6 months period.

Fill in the form below and indicate if you **AGREE** or **DO NOT AGREE** for your child to receive the HPV Vaccine and return the signed consent form to your child's school.

**Vaccination consent for dose 1, 2 and 3**

<b>CHILD'S DETAILS</b>	
Name:	Given Names:
Date of birth:	Address:
Sex:	Class:
Parent's/Legal Guardian full name:	
Phone numbers:	

Has your child ever had the following:

Severe allergic reactions following vaccination     No     Yes

Other allergies following vaccination     No     Yes

Please describe.....  
.....  
.....

Date of your child's last menstrual period (if applicable).....

**CONSENT FOR VACCINATION (for parent/legal guardian to complete)**

I have read and understood the information on the HPV vaccination. I understand that I am giving consent for my child to receive three doses of HPV vaccine.

I **DO** CONSENT for my child to receive the Human Papillomavirus Vaccines

Signature..... Date.....

I **DO NOT** CONSENT for my child to receive the Human Papillomavirus Vaccine

Signature..... Date.....

**Return signed, completed form to the school (even if you do not agree for your child to be vaccinated)**