

Human Papillomavirus (HPV) Vaccination Consent Form

The HPV vaccine is being offered to all pupils in school year 8, as this is the age the vaccine is proven to be most effective. The vaccine gives protection against the most high-risk strains of the Human Papilloma Virus (HPV), including those which cause cervical, mouth and genital cancers. A single dose of the vaccine is given by injection into the upper arm. The nurses will attend school to do this. The accompanying information leaflet and www.gov.je/hpvvaccine will give further information. If you have any further questions, please contact the Immunisation Specialist Team on 01534443741 or email IST@health.gov.je. If you DO NOT consent, please could you outline the reason over leaf or consider ringing for a discussion.

PUPILS FULL NAME	SEX		PUPILS DATE OF BIRTH	YEAR GROUP & FORM
	M	F		
SCHOOL			GP & GP PRACTICE-	
LEGAL GUARDIAN NAME -			LEGAL GUARDIAN TELEPHONE NUMBER-	

I CONSENT FOR MY CHILD TO RECEIVE THE HPV VACCINE	I DO NOT CONSENT FOR MY CHILD TO HAVE THE HPV VACCINE
Name – (Legal guardian)	Name – (Legal guardian)
Signature- (Legal guardian)	Signature- (Legal guardian)
Date-	Date-

To be filled in by NURSE ONLY - Vaccine given in accordance with Patient Group Direction							
Dose	Date of vaccination	Site		Batch Number	Expiry Date	Immuniser	Venue
		L arm	R arm				