



SCW West CHIS Team
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IMMUNISATION CONSENT

This form should only be used when immunisation(s) are declined. Please ensure that all relevant information is provided.

Child's name:

NHS Number:

Sex: M/F

Date of birth:

Address:

GP:

HV (if appropriate):

Combined vaccines including; 6in1: Diphtheria, Tetanus, Pertussis, Polio, Hib and Hepatitis B Pre-school booster: Diphtheria, Tetanus, Pertussis, Polio	
Pneumococcal	
Rotavirus	
Hib/Meningitis C	
MMR (Measles, Mumps and Rubella)	
Meningitis B	

Please place a X next to the immunisation(s) for which you do not give consent.

I do not agree to my child receiving protection against the diseases indicated.

Name (Parent/Guardian):

Signature:

Date:

Parents who refuse immunisation(s) are reminded that they may change their minds at any time. There is no upper age limit for immunisation.

Please return this form to the Child Health Information Service team.