

Booster for Tetanus, Diphtheria, Polio and Meningitis ACWY/Septicaemia Vaccination Consent Form

Booster vaccination for Tetanus, Diphtheria, Polio and Meningitis ACWY/Septicaemia – these boosters are offered to your child via school. The Ramsey Group Practice Vaccination team will visit Ramsey Grammar School later this school year. So that your child is included and doesn't miss out on these important boosters please read, complete, sign and return this form to:

Ramsey Grammar School, East Office, Lezayre Road, Ramsey, IM8 2RG.

Telephone: +44 1624 811100 Fax: +44 1624 811101 Email:

RGSenquiries@sch.im If you have more questions, please contact the School

Nurse, GP or your Practice Nurse.

Child's full name (first name, middle name and surname):

Date of Birth:

Home Address:

Daytime contact tel no. for parent / carer:

NHS Number (if known):

School and Year / Class:

Ethnicity:

GP name and address:

Consent to Meningitis ACWY/Septicaemia and/or Tetanus, Diphtheria, Polio (please complete BOTH SECTIONS)

Meningitis ACWY/Septicaemia (one injection)

I **do consent** to my child receiving these vaccinations.

Parent / Carer Name:

Signature:

Date:

I **don't consent** to my child receiving these

Parent / Carer Name:

Signature:

Date:

I **confirm** that my child has already been vaccinated.

Parent / Carer Name:

Signature:

Date:

Tetanus, Diphtheria, Polio (one injection)

I **do consent** to my child receiving these vaccinations.

Parent / Carer Name:

Signature:

Date:

I **don't consent** to my child receiving these

Parent / Carer Name:

Signature:

Date:

I **confirm** that my child has already been vaccinated.

Parent / Carer Name:

Signature:

Date:

For further information and advice please refer to the immunisation section at: www.gov.im/immandvac

For office use only:

Date of Td/IPV Vaccination	Site of injection (please circle)		Batch number/ expiry date:	Immuniser (please print)	Where administered (School, College, GP)
	Left Arm	Right Arm			

Date of MenACWY Vaccination	Site of injection (please circle)		Batch number/ expiry date:	Immuniser (please print)	Where administered (School, College, GP)
	Left Arm	Right Arm			

This information will be held by the child's registered GP Practice.

Personal data that you provide to us will be processed in accordance with the Data Protection Act 2002. Where it is lawful to do so, in certain


The information in this document can be provided in large print or on audio tape on request.



Public Health Directorate • Cronk Coar • Noble's Hospital
Strang • Douglas • Isle of Man • IM4 4RJ

email: PublicHealthScreen.dh@gov.im

web: www.gov.im/publichealth

www.facebook.com/publichealthiom 

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circumstances, we may share and transfer personal data that you provide to us to other departments, boards and offices within the Isle of Man

Government. If you have any queries about what personal data is held about you or what processing of the data is being undertaken in relation to this service then please contact Ramsey Group Practice, Bowring Road, Ramsey, IM8 3EY.