

Date of birth:

# **COVID-19 Vaccination Consent Form** This consent form is for the COVID-19 vaccination only

Healthy children in England are being offered one COVID-19 vaccination. Immunisation: protecting you against serious disease.

Please complete this consent card in blue or black ink stating if you DO OR DO NOT want your child to have the COVID-19 vaccination and return to school within the next 4 days. To ensure your child receives the vaccination if required it is important your form is returned within the 4 days requested, we will need to order the vaccine for your child. The COVID-19 vaccination will be given by the Immunisation Team to the children who want the vaccination over the next couple of weeks. Your child may be able to give consent themselves if we do not receive a completed consent form.

Hon	ne address:		Age:		
			Sex: male female		
Billo			Daytime telephone for parent/carer:		
	number (if known):	Ethnicity:			
Scho	ool:	Year group/class:			
GP n	ame, address and telephone:				
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I war	nt my child to have OVID-19 vaccination	I do not wa	int my child to have -19 vaccination		
Your	name:	Your name:			
Relat	lionship to child:	Relationship to child:			
Your	signature:	Your signature:			
Date:		Date:			
LEA	SE TURN OVER AND COMPLETE:	THE DACK			



Child's full name:

# Health questionnaire - this must be completed

If unsure please check with your GP

		Please circle
Q1	Has your child had a COVID-19 vaccination before?  If yes when did they have the COVID-19 vaccination:  Date  If yes, where did they have the COVID-19 vaccination:	Yes / No
Q2	Has your child had a positive COVID-19 test since September 2021?  If yes, what date did they have a positive test result?	Yes / No
Q3	Has your child had any vaccinations in the last 7 days?  If yes what was the vaccine?  If yes, where did they have the vaccine?	Yes / No
Q4	Has your child ever had to go to hospital following a severe allergic reaction?  If yes, please give details	Yes / No
Q5	Does your child have any serious health problems including prolonged bleeding?  If yes, please give details	Yes / No
Q6	Does your child take any medication?  If yes, please give details	Yes / No

# For health service use only Covid 19 Administered.

Date and time	Vaccine given	Batch number and expiry date	Site of injection (please circle)		Signature
Date: Fime:			Left arm	Right arm	



# COVID-19 Vaccination Information for children and young people

#### What is COVID-19 or coronavirus?

COVID-19 is a very infectious respiratory disease caused by the SARS-CoV-2 virus. Very few children and young people with COVID-19 infection go on to have severe disease. There is no cure for COVID-19 although some newly tested treatments do help to reduce the risk of complications.

# Are you at risk from COVID-19 infection?

Coronavirus can affect anyone. Some children and young people are at greater risk including those living with serious conditions.

For most children and young people COVID-19 is usually a milder illness that rarely leads to complications. For a very few the symptoms may last for longer than the usual 2 to 3 weeks. The vaccination will help to protect you against COVID-19. Currently the vaccine licensed for children and young people is the Pfzer vaccine. This is what you will be offered.

### Will the vaccine protect me?

The COVID-19 vaccination will reduce the chance of you suffering from COVID-19 disease. It may take a few weeks for your body to build up some protection from the vaccine. You should get good protection from the first dose, having the second dose should give you longer lasting protection against the virus- you will be advised if you need a second dose. Like all medicines, no vaccine is completely effective – some people may still get COVID-19 despite having a vaccination, but this should be less severe. Further information is available on symptoms on NHS.UK. The vaccines do not contain organisms that grow in the body, and so are safe for children and young people with disorders of the immune system. These people may not respond so well to the vaccine but it should offer them protection against severe disease.

#### Common side effects

Like all medicines, vaccines can cause side effects. Most of these are mild and short term, and not everyone gets them. With the vaccine we use in under-18s, side effects are more common with the second dose.

#### Very common side effects include:

- Having a painful, heavy feeling and tenderness in the arm where you had your injection. This tends to be worst around 1 to 2 days after the vaccination
- Feeling tired, headache, general aches or mild flu like symptoms. You can rest and take paracetamol (follow the dose advice in the packaging) to help make you feel better. Although feeling feverish is not uncommon for 2 to 3 days, a high temperature is unusual and may indicate you have COVID-19 or another infection.



• Symptoms following vaccination normally last less than a week. If your symptoms seem to get worse or if you are concerned, you or your parents can call NHS 111.

#### Less common side effects

Recently, cases of inflammation of the heart (called myocarditis or pericarditis) have been reported very rarely after COVID-19 vaccines. Most of these cases have been in younger men and usually a few days after the second vaccination. Most people recovered and felt better following rest and simple treatments.

#### You should seek medical advice urgently if you experience:

- Chest pain
- Shortness of breath
- Feelings of having a fast-beating, fluttering, or pounding heart

Keep your record card safe If you or your parents or carers do seek advice from a doctor or nurse, make sure you tell them about your vaccination (show them the vaccination card, if possible) so that they can assess you properly.

#### Can you catch COVID-19 from the vaccine?

You cannot catch COVID-19 from the vaccine but it is possible to have caught COVID-19 and not have the symptoms until after your vaccination appointment. The most important symptoms of COVID-19 are recent onset of any of the following:

- a new continuous cough
- a high temperature
- a loss of, or change in, your normal sense of taste or smell.

If you have the symptoms above, stay at home and arrange to have a test.

## If you are not well when your appointment is due

You should not attend a vaccine appointment if you are self-isolating, waiting for a COVID-19 test or within 4 weeks of having a positive COVID-19 test.

# For more information about the COVID-19 Pfizer vaccine please visit:

medicines.org.uk/emc/product/12740/smpc

#### Further information is available from:

nhs.uk/conditions/coronaviruscovid-19/coronavirus-vaccination/

Alternatively you can contact the team on Tel: 0121 466 7635 or email BCHC.covidschools@nhs.net