**COVID-19 Comirnaty (Pfizer/BioNTech) immunisation consent form 2021/22**

**If you have access to the internet please complete the consent form at**

[**https://imms.sirona-cic.org.uk/covid19/2021/consent**](https://imms.sirona-cic.org.uk/covid19/2021/consent) **you do not need to complete this form as well**

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| **Student details** | | | | | | |
| Surname: | | First name: | | | | |
| Date of birth:\_\_\_\_\_\_/\_\_\_\_\_\_\_/20\_\_\_\_\_\_ | | NHS number (if known): | | | | |
| Home address:  Post code: | | School: | | | | |
| Year group: | | | | |
| Class: | | | | |
| Home telephone: | | Parent/guardian mobile: | | | | |
| Ethnic origin: | | Sex: | | | | |
| Parents email address: | | | | | | |
| We collect information on ethnicity and gender to help us understand needs and to tailor our services. The information from this form also helps us to make sure our services are fair and promote equality. By providing your email address we will send you confirmation that your child has received their COVID-19 vaccine. | | | | | | |
| **Health Information** | | | | | | |
| Has your child already received the COVID-19 vaccine? | | | **YES** |  | **No** |  |
| Has your child ever had an anaphylactic reaction to a medicine, vaccine, injected antibody preparation or a medicine likely to contain PEG (such as depot steroid injection, laxative)? | | | **YES** |  | **No** |  |
| Does your child have a history of unexplained anaphylaxis? | | | **YES** |  | **No** |  |
| Has your child ever had a systemic allergic reaction to any component of the COVID-19 mRNA vaccine BNT162b2 or residues from the manufacturing process?  *• ALC-0315 = (4-hydroxybutyl) azanediyl)bis (hexane-6,1-diyl)bis(2-hexyldecanoate) • ALC-0159 = 2-[(polyethylene glycol)-2000]-N,N-ditetradecylacetamide • 1,2-Distearoyl-sn-glycero-3-phosphocholine • cholesterol • potassium chloride • potassium dihydrogen phosphate • sodium chloride • disodium hydrogen phosphate dihydrate • sucrose • water for injections* | | | **YES** |  | **No** |  |
| Does your child have a bleeding disorder or take any anti-coagulants? | | | **YES** |  | **No** |  |
| \*If you answered **Yes** to any of the above, please give details: | | | | | | |
| **Consent for immunisation (please tick YES or NO)** | | | | | | |
| **YES** I consent for my child to receive the COVID-19 immunisation  Date***\_*\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_\_\_** | **NO** I do not consent to my child receiving the COVID-19 immunisation  If ‘NO’ please give reason(s):  Date**\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_\_** | | | | | |
| **Signature of parent/carer (with parental responsibility):** | | | | | | |
| ***PLEASE PRINT NAME AND RELATIONSHIP TO CHILD:*** | | | | | | |
| Please note that information about your child’s immunisation will be shared with your GP, NHS and related organisations. We may need to contact you if we need further clarification. If you change your mind about consent please contact us on **01275 373104** or **sirona.sch-imms@nhs.net**. Changes must be notified to us at least **two working days before the** school immunisation clinic date. | | | | | | |
| **TO BE COMPLETED BY VACCINATOR** | | | | | | |
| |  |  |  | | --- | --- | --- | | **Immunisation Checklist** | **YES** | **NO** | | Details correct on consent form/consent given? |  |  | | Any previous anaphylactic reactions? |  |  | | Any bleeding disorders or anti-coagulants? |  |  | | Any symptoms of COVID-19? |  |  | | Shingles vaccinations in last 7 days? |  |  | | Currently unwell with fever? |  |  | | Any possibility of pregnancy? |  |  | | Positive COVID-19 test in last 4 weeks? |  |  | | Advice on possible side effects and their management? |  |  | | Advice sheet given? |  |  | | | | | | | |

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| --- | --- | --- | --- | --- | --- | --- |
| **Vaccine** | **Date/Time** | **Site of 0.3ml IM injection** | | **Batch No/Expiry** | **Signature** | **Print name** |
| **Comirnaty (Pfizer/BioNTech)** |  | **L Delt** | **R Delt** |  |  |  |

**Privacy statement**   
This service is provided by Sirona care & health, as part of the Community Children’s Health Partnership (CCHP).

Keeping your personal information safe and secure is important to us – so we’ve updated our privacy notice to reflect the changes in data protection laws. For more detailed information on how we protect your information, you can read our Privacy Notice at [www.sirona-cic.org.uk/policies](http://www.sirona-cic.org.uk/policies).

If you have any queries about how your personal information is used or your rights, please contact our Data Protection Officer:

Email: [Sirona.dataprotection@nhs.net](mailto:Sirona.dataprotection@nhs.net)

Telephone: 0300 124 5403

Post: Data Protection Officer, Sirona care & health, 2nd Floor, Kingswood Civic Centre, High Street, Kingswood, Bristol,

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