

**Vaccination consent form**

Child's Name:

I give my consent for my child to be vaccinated with the Vaccine(s) .....

.....

Subject to the following conditions:

That the information which has been supplied is fully accurate both to the safety and efficiency of the vaccine.

That the doctor or nurse performing the vaccine, the Health Authority, the manufacturer of the vaccine and the Department of Health will accept full joint and several responsibility for any injury caused to my child as a result of the vaccine being administered.

That, in the event of any such injury being caused, my child will receive full compensation, assessed in accordance with the normal principles of English Tort Law.

If these conditions are not acceptable, the vaccination should not be administered.

DATE:

GP/NURSE FULL NAME:

SIGNED