



Name: _____ Date of Birth: _____

Class: _____ School Roll Number: _____ Client ID: _____

Vaccination Consent Form for children starting Junior Infants in September 2019

Measles, Mumps, Rubella (MMR) and Diphtheria, Polio, Tetanus, Whooping Cough (Pertussis) (4 in 1)

If you wish to give consent please fill in Parts 1 & 2. If you do not wish to give consent please fill in parts 1 & 3. (Parts 2 & 3 are overleaf). Please note only a parent or legal guardian can consent or refuse consent for students. Please return form to your school as soon as possible.

Privacy Statement: HSE staff are aware of their obligation under the Data Protection Acts, 1988-2018 (including GDPR). The information provided will be included in an Immunisation Database. The HSE will use this information to validate clients, monitor vaccination programmes and provide health care.

PART 1 Complete this part for all children (please use block capitals)

Child's Forename: Child's Middle Name: Child's Surname (Family Name): Otherwise known as: Child's Personal Public Services Number (PPSN): *(PPSN will be required to manage your immunisation record only)*Child's Date of Birth (DD/MM/YYYY): / / Child's Gender: Female Male Mother's Maiden Name: *(This information may be required to manage your child's immunisation)*Child's Address: Eircode: County: Child's Address when they last had a vaccine: Parent/Legal Guardian Forename and Surname: Daytime Phone Number: Mobile Phone Number: Do you consent to receive texts about vaccine appointments? Yes No School: Class: Year:

Please turn over





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For official use only

Notes/Comments: