



FOR OFFICE USE ONLY		Name: <input type="text"/>	
Date of Birth: <input type="text"/>	School Name: <input type="text"/>		
Class: <input type="text"/>	School Roll Number: <input type="text"/>	PID: <input type="text"/>	

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Administration Details:

This young person assents to receiving the vaccine (Please tick) <input type="checkbox"/>												
MMR	Date Given		Batch No.		Expiry Date		Prescriber's signature and MCRN/PIN		Vaccinator's signature and MCRN/PIN		Injection Site (Circle as appropriate)	
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	D	D	M	M	Y	Y	Y	Y			Right Deltoid	Left Deltoid
Time Vaccinated: AM/PM							Vaccination Location: School <input type="checkbox"/> Clinic <input type="checkbox"/>		Clinic Name:			

This young person assents to receiving the vaccine (Please tick) <input type="checkbox"/>													
4 in 1	Date Given			Batch No.		Expiry Date		Prescriber's signature and MCRN/PIN		Vaccinator's signature and MCRN/PIN		Injection Site (Circle as appropriate)	
	<div> <div><input type="text"/></div> <div><input type="text"/></div> <div><input type="text"/></div> <div><input type="text"/></div> <div><input type="text"/></div> <div><input type="text"/></div> </div> <div> D D M M Y Y Y Y </div>					<div> <div><input type="text"/></div> <div><input type="text"/></div> <div><input type="text"/></div> <div><input type="text"/></div> <div><input type="text"/></div> <div><input type="text"/></div> </div> <div> M M Y Y Y Y </div>						<div> <input type="radio"/> Right Deltoid </div> <div> <input type="radio"/> Left Deltoid </div>	
Time Vaccinated: <input type="text"/> AM/PM						Vaccination Location: School <input type="text"/> Clinic <input type="text"/>				Clinic Name: <input type="text"/>			

Completed by: _____ **MCRN/PIN:** _____

D D M M Y Y Y Y

If vaccine not administered please state why? _____ DNA or Absent ☐ Refused on the Day ☐

Vaccine Contraindicated ☐ Deferred ☐ Other _____

Notes/Comments:

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Vaccine Consent Form 2025/2026

for students starting Junior Infants **Measles, Mumps, Rubella (MMR) and Diphtheria, Polio, Tetanus, Whooping Cough (Pertussis) (4 in 1)**

Junior Infants

COMPLETE THE FORM IN BLOCK CAPITALS USING A PEN.

Please complete the details in Parts 1-4. Please complete this consent form and return it in the envelope provided before the vaccinations begin.

Part 1: Student Personal Details

Complete this part for all students (PLEASE USE BLOCK CAPITALS)

Student Forename:

Student Middle Name:

Student Surname (Family Name):

Otherwise known as:

Personal Public Services Number (PPSN):

Date of Birth:

DD MM YY YY

Sex at birth: Male ☐ Female ☐

Address:

Eircode: County:

Student's Address when they last had a vaccine [if different than above]:

Student's Country of Birth:

School Name:

Year: Class:

Has your child been in Junior Infants before? Yes ☐ No ☐

A. White		C. Asian or Asian Irish		D.3 <input type="checkbox"/> Other, write in description	
A.1	<input type="checkbox"/> Irish	C.1	<input type="checkbox"/> Chinese	<i>Description</i>	
A.2	<input type="checkbox"/> Irish Traveller	C.2	<input type="checkbox"/> Indian/Pakistani/Bangladeshi	<hr/>	
A.3	<input type="checkbox"/> Roma	C.3	<input type="checkbox"/> Any other Asian background	E. Prefer not to say <input type="checkbox"/>	
A.4	<input type="checkbox"/> Any other White background	D. Other, including mixed background			
B. Black or Black Irish		D.1	<input type="checkbox"/> Arab		
B.1	<input type="checkbox"/> African	D.2	<input type="checkbox"/> Mixed, write in description		
B.2	<input type="checkbox"/> Any other Black background	<i>Description</i>			



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Part 4: Vaccination Consent

PART 3: Student Medical Details

Please detail _____

Privacy Notice: The HSE do not use consent as a lawful basis for processing personal data. In the interest of transparency, to explain how we collect and use personal information the HSE provides details within the [HSE Privacy Notice for Patients, and Service Users](#) which is accessible via the [HSE Privacy Statement](#). The processing of your child's data will be lawful and fair. It will only be processed for specific purposes including, to manage the vaccinations, to report and monitor vaccination programmes, to validate clients and provide health care. Data sharing between HSE departments may also occur.