

FOR OFFICE USE ONLY	Name:		
Date of Birth:	School Name:		
Class:	School Roll Number:	PID:	

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)

tudent Forename:	Student Middle Name:	
tudent Surname (Family Name):		
therwise known as:		
ersonal Public Services Number (PPSN):		
ate of Birth:		Sex at birth: Male Female
D D M M Y Y Y		
ddress:		
ircode:	County:	
tudent's Address when they last had a vac		
tudent's Country of Birth:		
chool Name:		
ear:	Class:	
as your child been in Junior Infants before		Yes No
tudent's ethnic or cultural background:	•	
. White	C. Asian or Asian Irish	
.1 Irish	• • □ • • •	D.3 Other, write in description
.2 Irish Traveller	C.2 Indian/Pakistani/Bangladeshi	Description
.3 Roma	C 3 Any other Asian background	
.4 Any other White background		E. Prefer not to say
	D. Other, including mixed background	
Black or Black Irish	D.1 Arab	
African	D.2 Mixed, write in description	
.2 Any other Black background	Description	

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Part 2: Par	ent/Guardian Personal D	etails
Parent/Legal Guardian Forename	and Surname	
Mother's family name at birth [Ma	aiden Name]:	
Mobile Phone Number:		
Alternate Phone Number:		
Email:		
Has this student received their ro	st MMR vaccine due at 12 months?	No Do Not Know Do Not Know Yes No
	s in the past o months:	ies No
	econd MMR vaccine for travel/outbreak?	Yes No
•		
Has this student had any serious		Yes No
Please detail		
Is this student currently taking me	edication?	Yes No
Please detail		
Has this student ever had a sever or vaccines?	re reaction (including anaphylaxis) to anything including medication	Yes No

FOR OFFICE USE ONLY Name:					
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Part 4: Vaccination Consent					
Medical Consent: Please note only a parent or legal guardian can provide consent for a medical procedure, or refuse consent for a medical procedure for young people under 16 years of age. Young people aged 16 years or older are legally entitled to consent for themselves. Read more about the <u>HSE Consent Policy</u> on the HSE website.					
CONSENT TO VACCINATION: Please tick the box for each vaccine indicating whether you consent (tick yes) or refuse (tick no), and then sign the section.					
MMR Yes No					
By signing the below I confirm: I have read and understand the accompanying vaccine information, including known side effects I am authorised to give or refuse consent on behalf of the above named student. (Students 16 years or older are legally entitled to consent for themselves) Parent/legal guardian Name (Please print):					
(Please tick): Parent Legal Guardian					
Signature: Date: D D M M Y Y Y Y					
Notes/Comments: (Please share here if there is any additional information about this student you would like to share with the vaccination team or any comments for their attention):					

Thank you for completing the consent form. Please return in the envelope provided.

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 <u>HSE Privacy Notice for Patients and Service Users</u> which is accessible via the <u>HSE Privacy Statement</u>. 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.

Yes No

Does this student have any illness or condition that increases their risk of bleeding?

Please detail _

Please detail