

HOW TO CONSENT FOR YOUR CHILD TO HAVE THE HPV (HUMAN PAPILLOMAVIRUS) VACCINATION

To consent for both doses of the HPV vaccination, use this link:

www.susseximmunisations.co.uk/Forms/HPV

Or

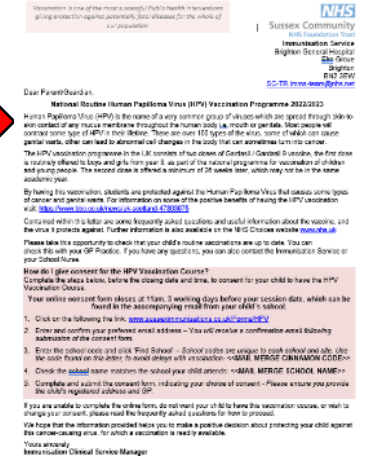
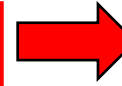
Scan the QR code to go straight to the HPV vaccination consent form:



THE FIRST SCREEN WILL LOOK LIKE THIS.

It will tell you at the top of the screen which consent form you have opened.

Make sure this vaccination name matches the one at the top of your parent consent letter.



Human Papilloma Virus (HPV) Vaccination Consent Form

Registration

Please enter your email address and the code provided by your school. Then press 'Find School'. It is important that you enter the correct email address as future correspondence will be emailed to you about your child's vaccination.

After you have finished, if you change your mind or need to tell us about changes to your child's medical history, do not complete another consent form. Please visit www.susseximmunisations.co.uk/Contact to contact the immunisation team and tell us about any changes.

Email address

Confirm email address

School code

School name

You can read our fair processing policy here: www.sussexcommunity.nhs.uk/contact-us/patient-records.htm

THE NEXT SCREEN LOOKS LIKE THIS.

IT HAS BOXES TO WRITE YOUR CHILDS NAME, DATE OF BIRTH AND GP SURGERY.

You need to write your childs first name and last name in these boxes.

Do you call your child something different at home? i.e is their name Christopher, but you call them Chris? **If yes**, write the name in this box. Leave it blank if not.

Don't worry if you don't know your childs NHS number, you can leave this box blank.

Click on the drop-down arrows, circled here in red, to help you complete the other boxes.

Tell us your child's address by writing the postcode in this box. Click the 'find your address' button

Select your child's address from the drop-down list



Click 'Next' to go to the next screen once you have completed the boxes.



**THE NEXT SCREEN LOOKS LIKE THIS (for flu, this will be after the screen on the next page)
IT ASKS QUESTIONS ABOUT YOUR CHILD'S MEDICAL HISTORY.**

This information is important. If you are unsure, please check with your GP or red book.

Click in the circle next to your answer for each question.

If you answer 'Yes' to any of the questions, this box will pop up...

You need to give more information in this box. i.e. Write the name and details of your child's medical condition.

Medical History

Does the child named on this form have any severe allergies?

No
 Yes

Does the child named on this form have any existing medical conditions?

No
 Yes

If Yes, please give us more information:

Does the child named on this form take any regular medication? (excluding contraceptive medication)

No
 Yes

Has the child named on this form received two doses of the MMR vaccine since the age of one?

No
 Yes

Is there anything else you think we should know about your child?

No
 Yes

Next

Click 'Next' to go to the next screen once you have completed the boxes.



THIS IS THE LAST SCREEN (for flu it is the second to last screen).
THE FIRST QUESTION ASKS YOU IF YOU CONSENT FOR VACCINATION.

Click in the circle next to your answer.

If you select 'No' this box will appear

Use the drop-down list to pick a reason.

Click in the circle next to your answer.

Consent

I consent to the child named on this form to receive the full HPV vaccination course:

Yes
 No

If No, please give us more information:

Please choose

My child has had these vaccinations
I do not feel that the vaccine(s) is necessary
Due to a previous allergic reaction to the vaccine(s)
Other

Full Name (Parent/guardian with parental responsibility)

Relationship to child

Please choose...

I consent to the child named on this form Digital Health (e.g. GP) Record being available to be viewed by SCFT staff involved in their care.

Yes
 No

Write your name in this box.

Use the drop-down list to tell us who you are. i.e. Mother.

Click 'Submit' to send us your completed form.

**WHEN YOU CLICK THE GREEN SUBMIT BUTTOM THIS PAGE WILL APPEAR.
YOU WILL ALSO GET AN EMAIL TELLING YOU A CONSENT FORM HAS BEEN SUBMITTED
FOR YOUR CHILD.**



Thankyou. The consent form was submitted.

If you change your mind or need to tell us about changes to your child's medical history, do not complete another consent form.
Please visit www.susseximmunisations.co.uk/Contact to contact the immunisation team and tell us about any changes.



If you need additional support, please call us:

01273 696011

EXT.

**Brighton – 3789
Chichester – 8100
Crawley – 2043
Heathfield – 2080
Uckfield - 4887
Worthing – 8533**

For more information about vaccinations please visit www.nhs.uk/conditions/vaccinations

