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| DR K. BUTT DR P. DE SILVADR F. FENOJODR J. SANDERSDR J. SIDAWAYDR N. NARRADR I. BUTTOakwood Surgery | **Contact Details**Tel: 01623 435555www.oakwoodsurgery.co.uknnccg.oakwood.surgery@nhs.netOakwood Surgery Church StreetMansfield WoodhouseNG19 8BLBull Farm BranchConcorde WayMansfieldNG19 7JZ |

**CONSENT FOR CHILDHOOD IMMUNISATIONS**

Parental Responsibility

**Before any immunisation can be given to your child your informed consent must be obtained.**

At the immunisation appointment we will explain all the side effects and what action we suggest you should take should your child have any of the side effects. Your permission is then asked to give the immunisation.

The only people that can give consent for your child to have an immunisation are the Mother or the Father, if he has parental responsibility. Obviously it would not be practical for us to ask to see a copy of your child’s birth certificate and confirm he has parental responsibility if Dad brings the child for an immunisation.

This form can also be used if another family member needs to bring the child for their immunisations e.g. Grandparents.

This form will be kept on your child’s records for use in the future if needed. You can change your mind anytime about the consent that you have given to these routine immunisations by contacting the practice.

We therefore ask that you sign this form to give your consent to these routine immunisations and this information to be given to your representative.

Please provide names of those representatives that you authorise.

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I hereby give permission for my child \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

D.O.B\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ to have the appropriate vaccinations as required.

Signed \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Contact Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_