

## Childhood Immunisation Disclaimer

**Please sign the form below if you do not want your child immunised against diseases.**

We understand you may have some concerns regarding your child's immunisations.

You should read the Department of Health (DoH) [Reference guide to consent for examination or treatment](#) before making a decision.

Please also see details below for the 'Vaccine Knowledge' website. Here you will find evidence-based independent information about immunisations, including frequently asked questions: <http://vk.ovg.ox.ac.uk>

If, after reading the above, you have decided for your child not to have the vaccination(s), use this form to opt out. Your child can be restored to the vaccination schedule at any time by contacting the practice.

### Statements

1. I / We understand that all children can be exposed to diseases that can have serious, if not fatal, consequences; for example, Measles, Mumps, Meningitis and Polio. The only way to protect children is by immunisation; this will also help to protect other people with whom the child may come into contact, such as those with weakened immune systems, newborn babies or the elderly.
2. I / We also understand that immunisation is the safest and best defence against epidemics that can kill or disable both adults and children. I / We understand that vaccines work by making the body produce antibodies, which are used to fight diseases without infecting the person with the disease.
3. I/We understand that the Primary Childhood Immunisation schedule will protect my child from Diphtheria, Tetanus, Pertussis (whooping cough), Polio, Haemophilus influenzae type b, Hepatitis B, Meningococcal B, Pneumococcal, Rotavirus, Meningococcal C, Measles, Mumps, and Rubella diseases.
4. I/We understand that by not having the Primary Childhood Immunisation schedule, my child will be at risk of contracting vaccine-preventable diseases. I understand that by not having the Primary Childhood Immunisation schedule, my child can spread these vaccine-preventable diseases to other vulnerable children and adults.
5. I / We understand that the Department of Health (DoH) states that immunisation is an "important decision" and immunisations should not be administered if two adults with parental responsibility cannot reach an agreement. If one adult consents and the other disagrees, the immunisation should not be carried out unless both adults with parental responsibility can agree to the immunisation
6. I / We would like to advise the practice that I/we do not wish for my/our child to participate in the NHS childhood immunisation schedule.

7. I / We assume full responsibility for my / our decision and confirm that I/we have read and understand the above statement about the associated risks and benefits and the importance of childhood immunisations in reducing the risk of my/our child contracting serious, potentially fatal diseases. Please do not send me/us any further invitations for childhood immunisations.
8. I / We understand that my/our child can be restored to the vaccination schedule at any time by contacting the practice.

Please select which vaccines you wish to refuse (please tick as appropriate):-

6 in 1: Diphtheria, Tetanus, Pertussis (whooping cough), Polio, Hib & Hepatitis B

Meningitis B

Rotavirus

Hib/Meningitis C

MMR (Measles, Mumps and Rubella (German Measles))

Pre-school booster: Diphtheria, Tetanus, Pertussis, Polio

Pneumococcal

Child's Full Name: Title Given Name Surname

Date of Birth: Date of Birth

NHS Number: NHS Number

Address: Home Full Address (single line)

Parent/Guardian Full Name:

Date of Birth:

Address: If different from above

Signature

Date