



School aged Immunisation Service

VACCINATION WITHDRAWAL OF CONSENT

It is extremely important this form is completed in full and returned to school prior to the immunisation session. Incomplete/inaccurate forms may result in your child being vaccinated.

Full name of pupil: _____

Date of Birth: _____

School: _____

Year group & class: _____

Paper or eConsent: _____

Withdrawal of what vaccine

Human Papilloma Virus Meningitis ACWY Diphtheria Tetanus Polio
MMR Flu

I have changed my mind and no longer want my child to receive the vaccination(s).

Signed..... Date.....

Please let us know the reason why you are withdrawing consent in the space below, this helps us plan for future sessions:

Service provided by;

