



UK Health
Security
Agency



Invitation letter for parents of children aged 12 to 15 years of age

Dear Parent /Carer

COVID-19 vaccination for children aged 12 to 15 years of age

I am writing to inform you that we will soon be offering COVID-19 vaccinations in school. I would like to ask if you wish to give your consent for your child to receive a first dose of the vaccine.

This vaccination will be free of charge and our highest priority is making it easy for children to access one dose of the vaccine before the winter.

The main purpose of the COVID-19 school age vaccination programme is to provide protection to the children who receive the vaccine and may help to reduce transmission of COVID-19 in the wider population.

During the vaccination delivery we will maintain the range of measures we have in place to keep you safe from COVID-19.

Please indicate your consent by returning the attached form to a member of staff.
By consenting you will be helping to play your part in reducing the risk of COVID-19 spreading.

Best wishes,

Pauline Williams
Head of 0-19 service

For more information please call or email our vaccination team on:
01143053230 email scn-tr.sheffielddutysn.vacandimm@nhs.net

Information about COVID-19 vaccines is available at: www.nhs.uk/conditions/coronavirus-covid-19/coronavirus-vaccination/coronavirus-vaccine



COVID 19



Vaccination consent form for children and young people

The COVID-19 vaccine is being offered to your child. Your child will receive their first COVID-19 vaccine and you may be notified about the second dose later. The leaflet sent with this form includes more information about the vaccines currently in use. Please discuss the vaccination with your child, then complete this form before it is due. Information about the vaccinations will be put on your child's health records.

Child's full name (first name and surname):	Date of birth:
Home address:	Daytime contact telephone number for parent/carer:
NHS number (if known):	Ethnicity:
School (if relevant):	Year group/class:
GP name and address:	

Consent for COVID-19 vaccination (Please complete **one** box only)

I want my child to receive the COVID-19 vaccination	I do not want my child to have the COVID-19 vaccine
Name:	Name:
Signature: Parent/Guardian	Signature: Parent/Guardian
Date:	Date:

Ask for the [What to expect after your COVID-19 vaccination leaflet](https://www.gov.uk/government/publications/covid-19-vaccination-resources-for-children-and-young-people) at [gov.uk/government/publications/covid-19-vaccination-resources-for-children-and-young-people](https://www.gov.uk/government/publications/covid-19-vaccination-resources-for-children-and-young-people). It will tell you about the side effects and how to report them to the [Yellowcard scheme](https://www.yellowcard.mhra.gov.uk) at [yellowcard.mhra.gov.uk](https://www.yellowcard.mhra.gov.uk).

If after discussion, you and your child decide that you do not want them to have the vaccine, it would be helpful if you would give the reasons for this on the back of this form.

OFFICE USE ONLY				
Date of COVID-19 vaccination	Site of injection (please circle)	Batch number/ expiry date	Immuniser (please print)	Where administered (hub, PCN, GP etc)
First	L arm R arm			
Second	L arm R arm			