

**Parental agreement to investigation or treatment**

Please read this form and the accompanying information leaflet very carefully.  
 You and the appropriate health professional will sign it, documenting your consent

Addressograph:

Name of the procedure: **Consent for immunisations of neonates**

*Staff use only: Statement of health professional* (to be filled in by a health professional with an appropriate knowledge of the proposed procedure, as specified in the Hospital's consent policy).

I have discussed the procedure with the parent(s) and explained the following:

- The intended benefits of the procedure
- How the vaccinations will be given
- Potential risk factors and contraindications
- Any likely side effects of the vaccination.
- Any alternative procedures that are available (if applicable)

**Health professional's signature:** ..... **Date:** .....

Name (PRINT): ..... Job Title: .....

**Statement of person with parental responsibility for patient (please initial boxes where appropriate)**

- I have read the information leaflet about vaccination
- I have understood the benefits of vaccination
- I am aware of the possible side effects.
- I understand that you cannot give me a guarantee that a particular person will perform the procedure. The person will, however, have appropriate experience
- I agree that my baby should receive the course of vaccines described on this form
- I do not agree to my baby receiving the following vaccines (please document).....

.....  
**Parent's own signature:** ..... **Date:** .....

Name (PRINT): .....

**1<sup>st</sup> Immunisation (at two months - actual not corrected age)**

Date	Vaccine	Batch number	Expiry date	Site of injection
	Diphtheria/Tetanus/Pertussis, Polio and Haemophilus Influenza type b (DTaP/IPV/Hib) <i>Pediacel</i>			
	Pneumococcal (PCV) <i>Prevenar</i>			

**2<sup>nd</sup> Immunisation (at three months - actual not corrected age)**

Date	Vaccine	Batch number	Expiry date	Site of injection
	Diphtheria/Tetanus/Pertussis, Polio and Haemophilus Influenza type b (DTaP/IPV/Hib) <i>Pediacel</i>			
	Meningitis C <i>Meningitec/Neisvac C</i>			

**3<sup>rd</sup> Immunisation (at four months - actual not corrected age)**

Date	Vaccine	Batch number	Expiry date	Site of injection
	Diphtheria/Tetanus/Pertussis, Polio and Haemophilus Influenza type b (DTaP/IPV/Hib) <i>Pediacel</i>			
	Meningitis C <i>Meningitec/Neisvac C</i>			
	Pneumococcal (PCV) <i>Prevenar</i>			

**Around 12 months (actual not corrected age)**

Date	Vaccine	Batch number	Expiry date	Site of injection
	Meningitis C (Hib/MenC) <i>Mentorix</i>			

**If indicated by clinical condition and still an in-patient during winter season**

Date	Vaccine (winter season only/ prior to discharge)	Batch number	Expiry date	Site of injection	Parental signature
	1 <sup>st</sup> Influenza (at six months/October)				
	1 <sup>st</sup> Palivizumab (during RSV season)				