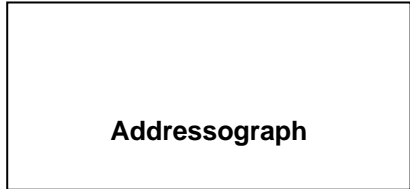


**Parental agreement to investigation or treatment**

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



Name of the procedure: **Consent for immunisations of neonates (BCG etc)**

*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  BCG  Hep B

I do not agree to my baby receiving the following vaccines (please document).....

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

Name (PRINT): .....

**Immunisation**

Date	Vaccine	Batch number	Expiry date	Site of injection
	BCG (0.05ml intradermal)			

Date	Vaccine	Batch number	Expiry date	Site of injection
	Paed Hep B Vaccine 0.5ml IM			
	Hepatitis B (1 <sup>st</sup> vaccine- post delivery)			
	Hepatitis B * (2 <sup>nd</sup> dose at 4 weeks)			
	Hepatitis B * (3 <sup>rd</sup> dose at 2 months)			
	Hepatitis B * (4 <sup>th</sup> dose at 12 months)			

\* In most cases the 2<sup>nd</sup>, 3<sup>rd</sup> and 4<sup>th</sup> vaccine will be given in the community

**Other immunisations**

Date	Vaccine	Batch number	Expiry date	Site of injection