**Immunisation Consent Declined**

Patient Name:

Date of Birth:

NHS Number:

Address:

GP:

HV (If appropriate):

**I decline consent to the following immunisation(s):**

[ ]  6in1: Diphtheria, Tetanus, Pertussis, Polio, Hib and Hepatitis B

[ ]  Haemophilus Influenzae Type B and Meningitis C

[ ]  Meningitis ACWY

[ ]  Meningitis B

[ ]  MMR (Measles, Mumps and Rubella)

[ ]  Pneumococcal

[ ]  Pre-school booster: Diphtheria, Tetanus, Pertussis and Polio

[ ]  Rotavirus

[ ]  Seasonal Influenza

**Statement of Parent / Guardian**

I do not consent to my child receiving protection against the diseases indicated.

I have been fully advised and understand about the risks of declining these immunisations.

I am aware that I can change my mind at any time and there is no upper age limit for immunisation.

**Name:**

**Signature:**

**Relationship to Child:** Parent / Guardian

**Date:**