**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:**