

1. Complete BOTH sides of card 2. Tick the relevant boxes below, SIGN and RETURN this card to the school

Student name:.....

Meningococcal B vaccine

YES

I consent for this student to receive 2 doses of the meningococcal B vaccine (Bexsero®);

Parent/Legal Guardian signature: (Student may sign if aged 16 years or over)

Date: ____/____/____

SIGN HERE

Comments

Comments section with lines for text entry.

Meningococcal ACWY vaccine

YES

I consent for this student to receive the meningococcal ACWY vaccine (Nimenrix®)

Parent/Legal Guardian signature: (Student may sign if aged 16 years or over)

Date: ____/____/____

SIGN HERE

Comments

Comments section with lines for text entry.

NO

I do not consent for this student to receive the Bexsero® vaccine.
 This student has already received a course of meningococcal B vaccine:

Bexsero® on: ____/____/____ OR
 Trumenba® on: ____/____/____

Parent/Legal Guardian signature: (Student may sign if aged 16 years or over)

Date: ____/____/____

SIGN HERE

NO

I do not consent for this student to receive the Nimenrix® vaccine.
 This student has already received the meningococcal ACWY vaccine: (Menactra®, Menveo® or Nimenrix®) on: ____/____/____

(if the student received a meningococcal ACWY vaccine before 14 years of age, they require another dose now)

Parent/Legal Guardian signature: (Student may sign if aged 16 years or over)

Date: ____/____/____

SIGN HERE

Office Use Only (Parent/Legal Guardians/Student DO NOT COMPLETE)

Bexsero® Dose 1

Student ID and consent verified

Date: ____/____/____

Time: Batch No:

L arm

R arm Given by:

~~Bexsero® Dose 2~~

~~Student ID and consent verified~~

~~Date: ____/____/____~~

~~Time: Batch No:~~

~~L arm~~

~~R arm Given by:~~

Nimenrix®

Student ID and consent verified

Date: ____/____/____

Time: Batch No:

L arm

R arm Given by: