

Courtyard Surgery, Horsham.

Gardasil: Parental Consent Form - For Persons under 16.

Name of Child:

Date of Birth:

I hereby consent to the administration of Gardasil to my child.

I understand that:

The vaccine is given as 3 injections, the second 2 months after the first and the third 6 months after the first vaccination. Booster doses may be necessary in 5 or 10 years time to maintain immunity against those HPV types contained within this vaccine, but this has not yet been confirmed.

As with most vaccines, side effects are unusual but can include pyrexia (fever) and soreness or mild inflammation at the injection site. Rarely, allergic reactions and joint pains have been described following the vaccine, and very rarely signs of asthma have been seen.

Despite having this vaccine, girls will continue to require cervical smears from age 25 for the foreseeable future under the National Cervical Smear Programme.

The 3 doses of vaccine must be paid for before the first dose is given. The second and third doses will be stored securely at Courtyard Surgery.

Should vaccination policy within the NHS allow for this vaccine to be given at no charge at any future time, no refunds will be made for the costs.

The administration of this vaccine is a private arrangement between myself and Courtyard Surgery.

Signed:

Date:

Legal Relationship to child:

Print name:

Print address: