Immunisation Disclaimer Form

Name of child	
Date of birth	

Statement	Acknowledgement (please ✓)
I/We acknowledge that all children can be exposed to diseases that can have serious, if not fatal, consequences, e.g. measles, mumps, meningitis, polio	
I/We are aware of the view of the NHS that the best way to protect children is by immunisation and that this will also help to protect other people with whom the child may come into contact in the setting, such as those with weakened immune systems or newborn babies	
I/We are aware of the view of the NHS that immunisation is the best defence against epidemics that can kill or disable both children and adults	
I/We assume full responsibility for my/our decision and confirm that I/we understand the associated risks and benefits and the importance of childhood immunisations in reducing the risk of my/our child contracting serious, potentially fatal diseases	

Please indicate which vaccines have been received by your child	✓
Diphtheria/Tetanus/Pertussis/Polio/Hib/Hep B	
Pneumococcal	
Men C	
Hib/Men C	
MMR1	
Preschool Booster	
MMR2	
Rotavirus	
Men B	
None of the above	

Name(s) of parent(s)	
Signature(s)	
Date	