Deansgrange Medical Centre
2 Clonkeen Road, Blackrock,
Co. Dublin.

Primary Childhood Immunisation Consent Form: 1st, 2nd, & 3rd visit.

Child's name & DOB: (place addressograph here)

Mother's Name: _____ DOB: _____

I have been fully informed about the vaccines which make up my child's immunisation schedule, which include:

1st Visit: 6 in 1 + PCV + Men B + Rotavirus (oral)

2nd Visit: 6 in 1 + MenB + Rotavirus (oral)

3rd Visit: 6 in 1 + PCV + Men C (oral)

I have been informed about which diseases these vaccines provide protection against, the possible side effects, when they might occur and how they should be treated. I've been told to administer infant paracetamol immediately post Men B vaccine, another 2 times at 4-6 hourly intervals and a 4th time if my child's temp is still high. I confirm by signing this form that I'm authorising consent on behalf of the above named child. I consent for these vaccines to be administered to my child.

Parent/Legal Guardian signature: _____ Date: _____

1st visit administered by: _____ Date: _____

2nd visit administered by: _____ Date: _____

3rd visit administered by: _____ Date: _____