**School Immunisation Team**

**Additional Medical Comments**

**(after completion of consent form)**

**School Staff: Please ask the parent/carer to complete the details below.**

|  |
| --- |
| Additional Medical Information: |
|  |
|  |
|  |
|  |

|  |  |  |
| --- | --- | --- |
| Child’s Name | | Date of Birth |
| Signature of Parent/Carer | Relationship to Child | Date |