**School Immunisation Team**

**Withdrawal of Consent**

**(after completion of consent form)**

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

**I wish to withdraw consent for my child below for the \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ vaccination/s**

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