



Consent Form For Children

Version 4.0

This form should be used to record the administration of MVA-BN (mpox) vaccine for children aged less than 16 years

Complete the form in block capitals using a pen

Please complete the details in Parts 1 and 2 and then give the form back to your vaccinator.

Part 1: Personal Details

Complete this part for the person getting vaccinated (Please use block capitals)

Forename:										
Torchame.										
Middle Name	e:									
Surname (Fa	mily Na	me):								
Otherwise kn	own as	:								
Personal Pub	olic Serv	/ice Nu	mber	(PPSN):						
Date of Birth	D									
Sex at Birth:		Male		Female						
Mother's Sur	name a	t Birth:								
Address:										
County:										
Eircode:										

Ethr	nic o	or Cultural Background:											
A. V	/hite	•	C. Asi	ian	or Asian Irish		D.3	Oth	er, wr	ite in	des	cript	ion
A.1		Irish	C.1		Chinese		Desc	ription					
A.2		Irish Traveller	C.2		Indian/Pakistani/Banglad	deshi							
A.3		Roma	C.3		Any other Asian backgro	ound	E. Pr	efer no	t to s	ay			
A.4		Any other White background	D. Oth	her	, including mixed								
В. В	lack	c or Black Irish	backg	gro	und								
B.1	African		D.1		Arab								
B.2			D.2		Mixed, write in description	on							
		,	Descr	ripti	on								
Cou	ntry	of Birth:											
Mob	ile F	Phone Number:											
Fma	ail Ac	ddress:											
		e and Address:											
GF	INAIII	le and Address.											
Ple	eas	se answer the follo	wing	g c	questions								
1. H	Has t	this child ever received an MV/	A-BN (r	mp	ox) vaccine?					Yes		No	
I	f yes	s, what was the name of the va	ccine?	>									
1	f yes	, how many doses of the MVA	-BN va	acci	ine did this child receive:	?							
					One	e Dos	е	Two Do	oses	U	nkno	own	
1	f yes	s, what date/s did this child red	eive th	ne N	//VA-BN vaccine?	Dose	1 D						
						Dose	2 D						
2. ŀ	Has t	this child had any allergies to a	any vac	ccin	es in the past?					Yes		No	
		this child had any allergies to e	eggs or	r eg	g products (including ch	icken	or fea	thers)		Voc		No	
		e past? ney have any serious allergies	(includi	ina	Trometamol or antibiotic	2012				Yes Yes		No	
		s, please specify	(ii iciuui	iiig	Trometamor or antibiotic	,3):				163		140	
	-	ney currently have a raised tem	nperatu	ıre	or feel unwell?					Yes		No	
		ney have atopic dermatitis?	.,,							Yes		No	
		ney have a condition or are the	y recei	ivin	g treatment that weaken	s thei	r imm	une sys	tem?			No	
		ou plan to get your child vacci	-					-		Yes		No	
9. I	s the	e person getting vaccinated pr	egnant	t or	breastfeeding?					Yes		No	

Please note: The MVA-BN vaccine may be given to those who are pregnant or breastfeeding after a risk benefit discussion with a healthcare professional. Please speak to your vaccinator if you have any questions about this.

Part 2: Consent

Please note: If you are receiving an MVA-BN (mpox) vaccine called Imvanex, this is licensed by regulators for use in persons aged 12 years and older. If you are receiving an MVA-BN (mpox) vaccine called Jynneos, this is licensed by regulators for use in persons aged 18 years and older. Administration in younger people may be considered following an individual benefit-risk assessment.

Please tick the relevant boxes and sign to give consent for this child to be vaccinated with a primary course of MVA-BN (mpox) vaccine OR to receive a MVA-BN (mpox) booster vaccine.

I have been	en made aware	of possible risks ar	nd benefits o	of these vaccines.			
		o receive a course of able healthcare profe		mpox) vaccine (1 or 2	doses 28 days apa	rt)	
	for this child to ble healthcare		N (mpox) bo	oster vaccine (1 dose	e) as determined		
Name (ple	ease print):						
(please tid	ck): Parent	Legal Guardian	Self				
Signature	:				Date: D D M		
Stater purpo	ment. The produce ses including,	cessing of your chil to manage the vac	d's data wi cinations, t	rvice Users which is Il be lawful and fair. to report and monito ring between HSE d	It will only be proce or vaccination progr	essed for s cammes, to	pecific
	fice use o						
	fice use (
		Vaccine	Batch Number	Expiry Date (DD/MM/YYYY)	Use by Date (DD/MM/YYYY)	Injection Site	Injection Route
Administration Dose	ration Details:	Vaccine Y) Name & Manufacturer	Number		(DD/MM/YYYY)		
Administr Dose No.	Date Given	Vaccine Y) Name & Manufacturer	Number	(DD/MM/YYYY)	(DD/MM/YYYY)		
Administration Dose No.	Date Given (DD/MM/YYY	Vaccine Y) Name & Manufacturer	Number	(DD/MM/YYYY)	(DD/MM/YYYY)		
Dose No. 1 2 Booster dose	Date Given (DD/MM/YYY	Vaccine Y) Name & Manufacturer	Number	(DD/MM/YYYY)	(DD/MM/YYYY)		
Dose No. 1 2 Booster dose	Date Given (DD/MM/YYY	Vaccine Y) Name & Manufacturer	Number	(DD/MM/YYYY)	(DD/MM/YYYY)		
Dose No. 1 2 Booster dose Prescriber PIN/MCR	Date Given (DD/MM/YYY	Vaccine Y) Name & Manufacturer	Number	(DD/MM/YYYY)	(DD/MM/YYYY)		
Dose No. 1 2 Booster dose Prescriber PIN/MCR	Date Given (DD/MM/YYY	Vaccine Y) Name & Manufacturer	Number	(DD/MM/YYYY)	(DD/MM/YYYY)		
Dose No. 1 2 Booster dose Prescriber PIN/MCRI Vaccinato PIN/MCRI	Date Given (DD/MM/YYY	Vaccine Y) Name & Manufacturer	Number	(DD/MM/YYYY)	(DD/MM/YYYY)		