



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:

Middle Name:

Surname (Family Name):

Otherwise known as:

Personal Public Service Number (PPSN):

Date of Birth:

Sex at Birth: Male Female

Mother's Surname at Birth:

Address:

County:

Eircode:

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 made aware of possible risks and benefits of these vaccines.

I consent for this child to receive a course of MVA-BN (mpox) vaccine (1 or 2 doses 28 days apart) as determined by a suitable healthcare professional.

OR

I consent for this child to receive an MVA-BN (mpox) booster vaccine (1 dose) as determined by a suitable healthcare professional.

Name (please print):

(please tick): Parent Legal Guardian Self

Signature:

Date:

Privacy Notice: The HSE do not use consent as a lawful basis for processing personal data. In the interest of transparency, to explain how we collect and use personal information the HSE provides details within the HSE Privacy Notice for Patients and Service Users which is accessible via the HSE Privacy Statement. The processing of your child's data will be lawful and fair. It will only be processed for specific purposes including, to manage the vaccinations, to report and monitor vaccination programmes, to validate clients and provide health care. Data sharing between HSE departments may also occur.

For office use only

Administration Details:

Dose No.	Date Given (DD/MM/YYYY)	Vaccine Name & Manufacturer	Batch Number	Expiry Date (DD/MM/YYYY)	Use by Date (DD/MM/YYYY)	Injection Site	Injection Route
1	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
2	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Booster dose	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Prescriber Signature:

PIN/MCRN:

Vaccinator Signature:

PIN/MCRN:

HSE Clinic/Hospital Name, Address, or Stamp: