|  |
| --- |
| **COVID-19 vaccination consent form**  **for children and young people** |

The COVID-19 vaccine is being offered to your child. The leaflet given or sent with this form includes more information about the vaccines currently in use. For more information visit**: phw.nhs.wales/covid-19-vaccination**. Please discuss the vaccination with your child, then complete this form before it is due. You can find out more about COVID-19 vaccines, including their contents and possible side effects at: **coronavirus-yellowcard.mhra.gov.uk/productinformation**

|  |  |
| --- | --- |
| **Child’s full name (ﬁrst name and surname):** | **Date of birth:** |
| **Home address:** | **Daytime contact number for parent/carer:** |
| **School (if relevant):** | **Year or class:** |
| **Name and address of GP surgery:** | |
| **Please list any previous reactions to vaccinations, known allergies, regular medications or serious health problems:** | |

This consent form must be filled in by a parent or a guardian with parental responsibility for the child. You must act in your child’s best interest when considering whether to give your permission for them to have the vaccine. You should be aware that children who fully understand what is involved are legally able to make an informed decision to consent

Any vaccine your child receives will be recorded and shared within the NHS for the purpose of record-keeping and vaccine monitoring. To find out how the NHS uses your information visit: **111.wales.nhs.uk/lifestylewellbeing/yourinfoyourrights**

|  |  |
| --- | --- |
| **Consent for COVID-19 vaccination** (Please complete **one** box only) | |
| **I have parental responsibility for this child Yes No** | |
| **Yes**, I want my child (named above) to receive the COVID-19 vaccination | **No**, I do not want my child to have the COVID-19 vaccination. Please give your reason(s) in the comments box below. |
| **Your name:** | **Your name:** |
| **Signature:** | **Signature:** |
| **Date:** | **Date:** |
| **Comments** (parents or guardians and health service): | |
| **Thank you for filling in this form.** | |

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Date/time** | **Vaccine and product name** | **Batch number** | **Expiry date** | **Site of injection *(please circle)*** | | **Venue** | **Immuniser**  ***(please print)*** | **Signature of immuniser** |
|  |  |  |  | **L**  **arm** | **R**  **arm** |  |  |  |
|  |  |  |  | **L**  **arm** | **R**  **arm** |  |  |  |

|  |
| --- |
| **Ffurflen ganiatâd brechu COVID-19**  **ar gyfer plant a phobl ifanc** |

Mae'r brechlyn COVID-19 yn cael ei gynnig i'ch plentyn. Mae'r daflen a roddir neu a anfonir gyda'r ffurflen hon yn cynnwys rhagor o wybodaeth am y brechlynnau sy'n cael eu defnyddio ar hyn o bryd. I gael rhagor o wybodaeth, ewch i: **icc.gig.cymru/pynciau/imiwneiddio-a-brechlynnau/gwybodaeth-brechlyn-covid-19.**  Trafodwch y brechiad hwn gyda'ch plentyn, yna llenwch y ffurflen hon cyn y disgwylir ei gael. Gallwch gael rhagor o wybodaeth am frechlynnau COVID-19, gan gynnwys eu cynnwys a sgil-effeithiau posibl yn: **coronavirus-yellowcard.mhra.gov.uk/ productinformation**

|  |  |
| --- | --- |
| **Enw llawn y plentyn (enw cyntaf a chyfenw):** | **Dyddiad geni:** |
| **Cyfeiriad cartref:** | **Rhif cyswllt yn ystod y dydd ar gyfer rhiant/gofalwr:** |
| **Ysgol (os yw'n berthnasol):** | **Blwyddyn neu ddosbarth:** |
| **Enw a chyfeiriad y feddygfa:** | |
| **Rhestrwch unrhyw adweithiau blaenorol i frechiadau, alergeddau hysbys, meddyginiaethau rheolaidd neu broblemau iechyd difrifol:** | |

Rhaid i'r ffurflen ganiatâd hon gael ei llenwi gan riant neu warcheidwad sydd â chyfrifoldeb rhiant dros y plentyn. Rhaid i chi weithredu er budd pennaf eich plentyn wrth ystyried a ddylid rhoi caniatâd iddo/iddi gael y brechlyn. Dylech fod yn ymwybodol bod gan blant sy'n deall yn llawn beth mae hyn yn ei olygu hawl gyfreithiol i wneud penderfyniad gwybodus i roi caniatâd

Bydd unrhyw frechlyn y mae eich plentyn yn ei dderbyn yn cael ei gofnodi a'i rannu o fewn y GIG at ddibenion cadw cofnodion a monitro brechlynnau. I gael gwybod sut y mae'r GIG yn defnyddio eich gwybodaeth, ewch i: **111.wales.nhs.uk/AboutUs/Yourinformation/?locale=cy**

|  |  |
| --- | --- |
| **Caniatâd ar gyfer brechu COVID-19** (Llenwch **un** blwch yn unig) | |
| **Mae gennyf gyfrifoldeb rhiant dros y plentyn hwn Oes Nac oes** | |
| **Ydw**, rwyf am i'm plentyn (a enwyd uchod) dderbyn y brechiad COVID-19 | **Nac ydw**, nid wyf am i'm plentyn dderbyn y brechiad COVID-19. Rhowch eich rheswm/rhesymau yn y blwch sylwadau isod. |
| **Eich enw:** | **Eich enw:** |
| **Llofnod:** | **Llofnod:** |
| **Dyddiad:** | **Dyddiad:** |
| **Sylwadau** (rhieni neu warcheidwaid a'r gwasanaeth iechyd): | |
| **Diolch am lenwi'r ffurflen hon.** | |

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Dyddiad/amser** | **Enw'r brechlyn a'r cynnyrch** | **Rhif swp** | **Dyddiad dod i ben** | **Safle'r pigiad *(rhowch gylch)*** | | **Lleoliad** | **Imiwneiddiwr**  ***(llythrennau bras)*** | **Llofnod yr imiwneiddiwr** |
|  |  |  |  | **Braich chwith** | **Braich dde** |  |  |  |
|  |  |  |  | **Braich chwith** | **Braich dde** |  |  |  |