**Brook Medical Centre**

Dr J Gilby

98 Chell Heath Road Bradeley Stoke-on-Trent ST6 7NN

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[www.brookmedicalcentre.nhs.uk](http://www.brookmedicalcentre.nhs.uk/)

Consent Form

Letter for parents to indicate alternative adult to accompany child for immunisation.

**Child details**:-

Name (full name) ………………………..……………………………………………………

Date of Birth …………………………………………………………………………………..

Address ………..………………………………………………………………………………

…………………………………………………………………………………..........................

I give permission for the above named child to be accompanied by

Name of person accompanying child .………………………….…………………………..

Relationship of person accompanying child …..…………………………………………..

To have (Name of immunisatons due) ……………………………………………………..

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On (date of appointment) ……………………………………………………………………

Signed by adult with Parental responsibility ……………………………………………...

Date signed ……………………………………………………………………………………