CHILD IMMUNISATION DISCLAIMER & PARENT/CARER DECLARATION FORM

Child's Full Name: _____

Date of Birth: _____

Parent/Carer Name(s): _____

Date Completed: _____

Purpose of This Form

Our Early Years setting recognises that childhood immunisation is an important public health measure that helps protect children, staff, families and the wider community from serious vaccine-preventable diseases.

Parents and carers are encouraged to ensure that their child's vaccinations are kept up to date in accordance with the current **NHS childhood immunisation programme for England**.

The national childhood immunisation schedule was updated from January 2026, including the introduction of routine MMRV vaccination and an 18-month vaccination appointment.

The Early Years setting does not provide medical advice and does not determine which vaccinations an individual child should receive. Parents/carers should speak to their GP, practice nurse, health visitor or other appropriate healthcare professional regarding their child's individual vaccination needs.

Parent/Carer Immunisation Declaration

Please tick **one** statement:

- I confirm that my child is up to date with the vaccinations recommended for their age.
- I confirm that my child has received some, but not all, recommended vaccinations.
- I confirm that my child is currently following a catch-up vaccination programme.
- I confirm that my child has not received some or all of the recommended vaccinations.
- I am unsure of my child's current immunisation status and will seek advice from an appropriate healthcare professional.

CHILD IMMUNISATION RECORD

Please indicate which vaccines your child has received

Please place a ✓ in the appropriate box and, where known, provide the date the vaccination was given.

Vaccine	Received ✓	Date Given	Additional Information
6-in-1 – Diphtheria / Tetanus / Pertussis / Polio / Hib / Hepatitis B	☐	_____	_____
Pneumococcal (PCV)	☐	_____	_____
MenC	☐	_____	_____
Hib / MenC	☐	_____	_____
MMR – Dose 1	☐	_____	_____
MMRV – Dose 1	☐	_____	_____
Preschool Booster – DTaP/IPV	☐	_____	_____
MMR – Dose 2	☐	_____	_____
MMRV – Dose 2	☐	_____	_____
Rotavirus	☐	_____	_____
MenB	☐	_____	_____
None of the above	☐	N/A	_____

Please note: Which vaccine is appropriate and when it is due depends on the child's date of birth and the current NHS schedule. The table is intended to record vaccines received and should not be used as a medical vaccination schedule.

Additional Immunisation Information

Please provide any further information about your child's vaccination history that you feel the Early Years setting should be aware of:

_____

_____

_____

_____

If your child has received vaccinations not listed above, please provide details:

Vaccine: _____

Date given: _____

Medical Reasons or Other Circumstances

If your child has not received a vaccination because of a medical reason, contraindication or other relevant circumstance, please provide information below.

If there is no relevant information, please write **"N/A"**

Missed or Outstanding Vaccinations

If your child has missed vaccinations, please tick as appropriate:

- We have contacted our GP/NHS vaccination service.
- Our child is currently receiving catch-up vaccinations.
- We are awaiting a vaccination appointment.
- We are unsure which vaccinations are outstanding and will seek professional advice.
- Other: _____

Parents/carers are encouraged to contact their GP or appropriate NHS vaccination service if they are unsure about their child's vaccination history or whether any vaccinations are outstanding.

Infectious Disease and Outbreaks

I/We understand that if a vaccine-preventable infectious disease is suspected or confirmed within the Early Years setting, the setting may need to contact or seek advice from the **UK Health Security Agency (UKHSA), local Health Protection Team or other appropriate health professionals**.

I/We understand that, following appropriate public health advice, measures may be required to protect children, staff and families. These may include:

- Temporary exclusion from the setting.
- Additional infection prevention and control measures.
- Enhanced cleaning.
- Providing information to parents/carers.
- Other measures recommended by the Health Protection Team.

Any exclusion or public health measures will be based on current professional/public health guidance.

Parent/Carer Responsibilities

I/We agree to:

- Provide accurate and up-to-date information regarding my/our child's immunisation status.
- Inform the setting if my/our child's immunisation status changes.
- Inform the setting promptly if my/our child is diagnosed with a significant infectious disease.
- Follow the setting's illness and exclusion procedures.
- Seek appropriate medical advice regarding my/our child's vaccinations.
- Provide any relevant information that may assist the setting in safely caring for my/our child.

Disclaimer

I/We acknowledge and understand that:

- The Early Years setting does not provide medical advice or vaccination recommendations.
- Decisions regarding vaccination are made by parents/carers in consultation with appropriate healthcare professionals.
- I/We understand the importance of childhood immunisation in reducing the risk of serious vaccine-preventable diseases.
- I/We understand that children who are not fully immunised may be at increased risk of certain vaccine-preventable infections.
- I/We understand that vaccination status may be relevant when managing an infectious disease outbreak.
- The setting will follow current NHS, UKHSA, Department of Health and Social Care and local Health Protection Team guidance.
- The setting will continue to follow its infection prevention and control procedures regardless of a child's vaccination status.
- This form does **not** remove or limit any legal duty of care owed by the Early Years setting to my/our child.
- I/We have had the opportunity to discuss the setting's Immunisation Policy and ask questions.

Confidentiality

Information provided about my/our child's immunisation status will be treated as confidential and stored securely in accordance with the setting's policies and applicable data protection requirements.

Information will only be shared where there is an appropriate reason to do so, including where necessary with:

- Appropriate healthcare professionals.
- The local Health Protection Team/UKHSA.
- Ofsted or other regulatory/statutory bodies where legally required.
- Emergency services where necessary to protect the child's health or safety.
- The setting will not routinely disclose an individual child's immunisation status to other parents/carers.

Parent/Carer Declaration

I/We confirm that the information provided on this form is accurate to the best of my/our knowledge.

I/We confirm that I/we have read and understood the Early Years setting's **Immunisation Policy**.

I/We understand the procedures that may apply if my/our child is exposed to, or diagnosed with, a vaccine-preventable infectious disease.

I/We agree to inform the setting of any significant changes to the information provided.

Parent/Carer 1

Full Name: _____

Signature: _____

Date: _____

Parent/Carer 2

Full Name: _____

Signature: _____

Date: _____

Parent/Carer Information

For the most up-to-date information about childhood vaccinations in England, parents/carers should refer to NHS/GOV.UK information or speak to their GP, practice nurse or health visitor.

The current national schedule should always be checked because vaccination recommendations and eligibility can change. The current England schedule from January 2026 includes **DTaP/IPV/Hib/HepB, MenB, rotavirus, PCV, MMRV and an 18-month appointment**, with arrangements varying according to the child's date of birth.

Related Early Years Policies:

- Immunisation Policy
- Infection Prevention & Control Policy
- Illness & Exclusion Policy
- Medication Policy
- Safeguarding & Child Protection Policy