**VACCINATION WITHDRAWAL OF CONSENT**

***It is extremely important this form is completed in full and returned to school prior to the immunisation session. Incomplete/inaccurate forms may result in your child being vaccinated.***

Full name of pupil:

Date of Birth:

School:

Year group & class:

Paper or eConsent:

**I have changed my mind and no longer want my child to receive the flu vaccine.**

Signed………………………………………………………… Date……………………………

Please let us know the reason why you are withdrawing consent in the space below, this helps us plan for future sessions: