Lathom Road Medical Centre

2A Lathom Road, East Ham, E6 2DU

Tel: 0208 548 5640

Decline for Childhood immunisation

Lathom surgery advises and promotes the recommended childhood vaccination should be given to all the children. If parents would like to still refuse or decline, please complete and sign this disclaimer, for your child to be excluded from all the programmes. Signing this means that you will be taking full responsibility as the legal parent/guardian of the child.

We actively encourage and advise all the patients on the importance of being immunised against childhood infections.

Patient consent

I, parent/Guardian, do not give consent to my child being immunised.

Printed Name of the child: …………………………………………………………………………………………………….

DOB: ………………………………………………………………………………………………………………………………………

Name of Vaccination: 8weeks/12 weeks/16 weeks/1 year/ 3year &4 months(preschool booster)

Or Nasal flu/flu jab

Printed Name of the parent/guardian: …………………………………………………………………………………..

Relationship to child: …………………………………………………………………………………………………………….

Signed: …………………………………………………………………………………………………………………………………

Date: …………………………………………………………………………………………………………………………………….

Once completed please send this form by email to practice: newccg.lathom.patients@nhs.net