

VACCINATION CONSENT FORM

This form is for children receiving vaccination without accompanying guardians.
For children from 13 or over to under 16 of age only.

同意書 —13 歳以上 16 歳未満で定期予防接種に保護者が同伴しない場合—

Children under 16 years of age must be accompanied by their parents. But if 13 of age or over, the child can be vaccinated without guardian using this form.

Please submit this form with the questionnaire sheet to the doctor for the routine vaccination.

To guardians,

--- Please read and fully understand the vaccine information document and decide to have your child vaccinated or not.

--- Please fully fill in and sign this form and the vaccine questionnaire sheet.

Please fill in and check either box ☐ that applies.

VACCINATION CONSENT FORM

同 意 書

I give my consent to the recipient's routine vaccination shown below.

I have read the vaccine information document and have understood this vaccination's benefits, aims, risks including severe side effects, and the Relief System for Injury to Health with Vaccination. I give my consent for the recipient to get vaccinated.

予防接種を受けるに当たっての説明を読み、予防接種の効果や目的、重篤な副反応発症の可能性及び予防接種救済制度などについて理解した上で、子どもに接種させることに同意します。

I understand that vaccine information document is used to improve the safety of vaccination and agree this consent form to be submitted to the ward office.

「予防接種のお知らせ」は保護者のかたに予防接種に対する理解を深める目的のために作成されたことを理解の上、本様式が区に提出されることに同意します。

<Vaccine/ Disease to be vaccinated>

受ける予防接種

☐ **Japanese Encephalitis**

日本脳炎

☐ **HPV**

子宮頸がん

☐ **Other**

その他

<Vaccine Recipient>

被接種者

Name:

氏 名

SUR (姓)

Given (名)

Birth Date:

生年月日

YYYY (年)

MM (月)

DD (日)

<Guardian>

保護者

Name:

氏 名

SUR (姓)

Given (名)

Address:

住 所

Meguro-ku, Tokyo

Contact number in case of emergency:

緊急連絡先

Guardian's Signature:

保護者自署

Date:

YYYY (年)

MM (月)

DD (日)