Head teacher’s name

School name

School address

Your name

Your address

Date

Dear Sirs

[Your child’s name], year [X]

The HPV vaccine has been offered to my child. This letter is to formally and unequivocally withdraw my consent for you to vaccinate [your child’s name].

My daughter/son is at the age where s/he could be considered Gillick competent. Given this I have discussed the risks and benefits of the HPV vaccine with her/him and, on the issue of informed consent, my child declines the vaccine. Consequently, my daughter/son has signed this letter to also refuse the vaccine.

Please place a copy of this letter in my child’s school record.

Yours sincerely,

[Your signature]

[Your name]

[Child’s signature]

[Child’s name]