

VACCINATION LIABILITY FORM

This document must be signed by the administering practitioner, or the vaccination must not take place

Child's name:

Name and qualification of administering practitioner:

.....

Name of Vaccine:

1. I, the administering practitioner, have provided complete and fully accurate information regarding the safety and efficacy of the vaccine.
2. I, the administering practitioner, accept full responsibility for any side effects or injury caused to the child as a direct or indirect result of the vaccine being administered.
3. I, the administering practitioner, accept that in the event of any such disabling side effects or injury being caused directly or indirectly by the vaccine, that I am personally and professionally liable to compensate the child in accordance with the normal principles of English Tort Law

Signed by administering practitioner:

Witnessed by:

Date:.....