[*Date*]

[*Head Teacher’s name*

*School address*]

[*Personalise the following as appropriate*]

**Dear Head Teacher, Form Teacher and School Nurse**

My husband and I have discussed and researched the HPV vaccine extensively and we do not wish our daughter *[Name]* to be given any of the series of the Gardasil vaccine.

We feel it is our right to deny consent at this time.

We have discussed this fully with our daughter *[Name].*

I have copied this notification to our solicitor (who can be named).

Signed,

*[Your handwritten and typed name]*

*[Date]*

*[For the daughter:]*

I agree with the decision made by my parents and I do not want to be vaccinated with any of the series of the Gardasil vaccine.

My parents and I have discussed and researched this vaccine extensively and I am not willing to have any of the shots of Gardasil.

Signed,

*[Handwritten and typed Name]*

*[Date]*