Our Ref: LST

29th January 2019



Dear Parent / Carer

Year 8 HPV Vaccination

The School Nursing Team will be visiting school on Tuesday 12th February 2019 to deliver the first Human Papillomavirus (HPV) vaccination to Year 8 girls. vaccination protects against cervical cancer, the second injection will be offered 6 to 12 months later.

For more information visit www.nhs.uk and search for "childhood vaccinations" or telephone the Immunisation Team on 01934 852927.

Please find with this letter a form to sign consenting to this immunisation, this must be returned to school by Wednesday 6th February 2019.

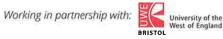
Yours sincerely

N. Munro

Mrs Munro

Assistant Principal

Encl





Human papillomavirus (HPV) Vaccination consent form



The HPV vaccine that protects against cervical cancer is being offered to your daughter at her school. The leaflet that accompanies this form tells you and your daughter about the HPV vaccine. To get the best protection, it is important that she receives two injections. The second injection will be offered six to 12 months after the first (although it can be given up to 24 months after). Your school will inform you about the specific timing of the second dose which is being decided locally. The leaflet 'Your guide to the HPV vaccination from September 2014' which accompanies this form includes more information about the vaccine. Please discuss this with your daughter, then complete this form and return it to the school before the vaccination is due to be given. Information about the vaccinations will be put on your daughter's health records, including records at her GP's surgery and held by the NHS. If you have more questions, please contact the school nurse or other health professional. For further information go to http://www.nhs.uk/hpv. For access to the Patient Information Leaflet (PIL) for Gardasil please go to http://www.medicines.org.uk/emc/medicine/19033

Date of birth:

Girl's full name (first name and surname):

	Daytime contact telephone number for parent/carer:		
NHS number (if known):	Ethnicity:		
School:	Year group/class:		
GP name and address:			
If your child takes regular madiantics :	and a second control of the control of the second of the s		
If your child takes regular medication, is cuhad adverse reactions to previous immuni-			
had adverse reactions to previous immuni	sations please advise below:		
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had adverse reactions to previous immunity Consent for two HPV vaccinations (Please of I want my daughter to receive the full course)	complete one box only) I do not want my daughter to have		
Consent for two HPV vaccinations (Please of two HPV vaccinations)	sations please advise below: complete one box only) I do not want my daughter to have the HPV vaccine		

Any side effects following the HPV vaccination should be reported to the school nurse or your GP

Date of HPV vaccination	Site of injection (please circle)		Batch number/ expiry date	immuniser (please print)	Whare administered (school, college, GP etc)
	Lam	Riam			
Second	Larm	R arm			

Second Fant Rain		
SELF CONSENT OFFICE USE ONLY:		PLEASE CIRCLE:
Age (over 13 years)		Yes / No
Discussed reason for Immunisation		Yes / No
Discussed vaccine and possible side effects		Yes / No
Post Immunisation advice given (http://www.nhs.uk)		Yes / No
Gillick Competent		Yes / No
	D.4	
Signed by Student:	Date:	
Print:	. I I I I I I I I I I I I I I I I I I I	
Signed by Registered Nurse:	Date:	
Print:		
	فأنطفك الأستسانيي	أبعث بالتواميا
STAFF COMMENTS BOX:		
CTAIT SCHINEINTS BOX.	是是對於學術的對於	法》,但是任何是国际
Eligible to Immunise: Y / N		
Temperature (if taken) °C		
Action Taken (if any):		
그러 여보시는 환경을 모두지 되다 보았다		

Signed: Date: