



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. This 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

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>

Girl's full name (first name and surname):	Date of birth:
Home address:	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 medication, is currently receiving medical treatment or has had adverse reactions to previous immunisations please advise below:

Consent for two HPV vaccinations (Please complete **one** box only)

I want my daughter to receive the full course of two HPV vaccinations
Name
Signature Parent/Guardian
Date

I do not want my daughter to have the HPV vaccine
Name
Signature Parent/Guardian
Date

If, after discussion, you and your daughter decide that you do not want her to have the vaccine, it would be helpful if you would give the reasons for this on the back of this form (and return to the school)

Any side effects following the HPV vaccination should be reported to the school nurse or your GP
Thank you for completing this form. Please return it to the school as soon as possible.

OFFICE USE ONLY

Date of HPV vaccination		Site of injection (please circle)		Batch number expiry date	Immuniser (please print)	Where administered (school, college, GP etc)
First		L arm	R arm			
Second		L arm	R arm			

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

Signed by Student:

Date:

Print:

Signed by Registered Nurse:

Date:

Print:

STAFF COMMENTS BOX:

Eligible to Immunise: Y / N

Temperature (if taken) °C

Action Taken (if any):

Signed:

Date: