

Our Ref: NMu / TiW

5th March 2019

Dear Parent / Carer,

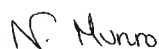
Diphtheria, Tetanus and Polio Booster (TD/IPV) and Meningitis ACWY (Men ACWY) Immunisations

The School Nursing Team will be visiting school on Tuesday 19th March 2019 to deliver the Diphtheria, Tetanus and Polio Booster (TD/IPV) and Meningitis ACWY (Men ACWY) vaccinations, to students in Year 9. It is important that students receive these vaccinations in order to boost the immunity they will have acquired from their pre-school immunisations.

For more information visit www.nhs.uk and search for "childhood vaccinations" or telephone Helen Court, Immunisation Coordinator, on either 01275 373104 or 07713 088264.

Please find with this letter a form to sign consenting to these immunisations, this must be returned to school by Friday 15th March 2019.

Yours sincerely



Mrs Munro
Assistant Principal

Diphtheria, Tetanus and Polio booster (Td/IPV) and Meningitis ACWY (MenACWY) Vaccination consent form

The Department of Health recommends that all young people receive booster vaccinations to fully protect them against Diphtheria, Tetanus & Polio and Meningitis ACWY into adulthood. Your son/daughter is being offered these injections at his/her school. Please discuss this with your son/daughter, then complete this form and return it to the school before the vaccinations are due to be given. Your GP's surgery will be sent details of the vaccinations given so that this information can be put on your son's/daughter's health record. If you have any questions, or for further information, please contact the School Nursing Service or go to:

<http://www.nhs.uk/Conditions/vaccinations/Pages/3-in-1-teenage-booster.aspx> and
<http://www.nhs.uk/Conditions/vaccinations/Pages/men-c-vaccine.aspx>

For access to the Patient Information Leaflet (PIL) for Revaxis (Td/IPV) please go to <http://www.medicines.org.uk/emc/medicine/17378> and for Nimenrix (MenACWY) please go to <http://www.medicines.org.uk/emc/medicine/26513>

Young person's full name (<i>first name and surname</i>):	Date of birth:
Home address:	Daytime contact telephone number for parent/carer:
NHS number (<i>if known</i>):	Ethnicity:
School:	Class:
GP name and address:	

Consent for Td/IPV and Men ACWY booster vaccinations (please complete one box only)

<p>I confirm my son/daughter had the three triple vaccinations for Diphtheria, Tetanus and Polio as a baby and also had the pre-school booster and also had the Meningitis C vaccination at 3 months of age and give my consent for him/her to receive these booster vaccinations.</p> <p>Name: (parent/guardian)</p> <p>Signature: (parent/guardian)</p> <p>Date:</p>	<p>I do not wish my son/daughter to receive these booster vaccinations and do not give consent.</p> <p>(It would be helpful if you would give the reasons for not having the vaccination on the reverse of this form and return it to school)</p> <p>Name: (parent/guardian)</p> <p>Signature:</p> <p>Date:</p>
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Any side effects following the vaccination should be reported to your GP

Please return your completed form to the School First Aid Office at your child's school as soon as possible – thank you

FOR OFFICE USE ONLY**Td/IPV**

Date of vaccination	Site of injection		Batch number/ Expiry date	Immuniser (please print & sign)	Where administered (School name)
	L arm	R arm			

Men ACWY

Date of vaccination	Site of injection		Batch number/ Expiry date	Immuniser (please print & sign)	Where administered (School name)
	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: