

Immunisation Team
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Dear Parent / Carer,

IMPORTANT INFORMATION: Your child and the Immunisation Programme for School Age children.

Immunisation protects your child from serious disease – it is time for your child to receive the immunisation boosters so that they are protected.

By the time your child reaches school leaving age, it is important that he/she is fully immunised against Diphtheria, Tetanus and Polio as well as receiving an adolescent booster of Meningococcal ACWY. Vaccination protects your child against potentially very serious and even fatal complications of these entirely preventable infections. For Information about these immunisations for young people please click [here](#)

Diphtheria, Tetanus and Polio booster (Td/IPV)

It is time for your child to have a booster dose for Diphtheria, Tetanus and Polio, to complete the primary course of immunisations your child had as a baby and just prior to starting school. This booster dose is important to ensure his/her continuing immunity and protection. University, colleges and future employers increasingly ask for evidence of this vaccination.

Meningococcal ACWY (MenACWY)

MenACWY vaccination helps to protect your child against 4 types of meningococcal bacteria (groups A, C, W and Y) that can cause meningitis (inflammation of the lining of the brain) and septicaemia (blood poisoning). These diseases are very serious and can kill, especially if not diagnosed early. Cases of meningococcal W disease in England have increased significantly in recent years.

PLEASE DOWNLOAD, PRINT, COMPLETE AND SIGN THE ATTACHED CONSENT FORM AND RETURN IT TO YOUR CHILD'S SCHOOL WITHIN 2 WEEKS.

Consent Form

It is important for you to discuss and complete the consent form with your child. Every pupil should return the consent form to their school as soon as possible, whether or not they need the immunisations. Please be aware that if we do not receive the signed consent form, each young person will be assessed on an individual basis and invited to self-consent for the above vaccinations providing they can demonstrate an understanding of the vaccinations due. Ultimately, the decision to consent or refuse is

the young person's providing they understand the issues involved in giving consent. This is in line with the Gillick Competency Framework.

For further information about these vaccines, click [here](#) Please contact the immunisation team on the number above if you have any concerns or questions about either of these vaccinations.

Measles / Mumps / Rubella (MMR):

We would also like to remind you that all children and young people should have 2 doses of MMR. If you are not sure whether your child has been fully immunised against MMR please contact your GP or Practice Nurse for advice.

Yours sincerely,



Lyn Cowan
Immunisation Team Leader

Jill Sharpe
Clinical Immunisation Lead

Vaccination Consent Form

For Tetanus, Diptheria/Inactivated Polio Vaccine (Td/IPV) and Meningococcal ACWY (Men ACWY)

Child's full name (<i>first name and surname</i>):	Date of Birth:	Male/Female:
Home Address:	Contact telephone number for Parent/Carer:	
NHS number (<i>if known</i>):	Ethnicity (<i>codes on back of form</i>):	
School:	Year Group/Class:	
GP name and address:		

Immunisation History

The following information is required prior to vaccination. Lack of information may result in vaccination not being given. If your child has already received these teenage boosters please confirm the date (dd/mm/yyyy): ____/____/____
If you are unsure, please check with your GP.

Has your child had any serious illness, allergy or condition?	Yes	No	If yes, please specify:
Is your child taking medication?	Yes	No	If yes, please specify:
Has your child had a serious allergic reaction to previous vaccination or medication?	Yes	No	If yes, please explain how they reacted and to which medication?
Has your child had any vaccinations in the last month?	Yes	No	If yes, which vaccine and the date?

Consent Form

Please ensure that this Consent Form is signed by the parent, carer or the adult with parental responsibility (PR).

Tetanus, Diptheria and Polio (Td/IPV) Consent (Please complete either 'Yes' or 'No')	Meningococcal ACWY (Men ACWY) Consent (Please complete either 'Yes' or 'No')
I want my child to receive the Td/IPV immunisation: Name (<i>print</i>): (<i>Parent/Guardian</i>) Signature: Date:	I want my child to receive the Men ACWY immunisation: Name (<i>print</i>): (<i>Parent/Guardian</i>) Signature: Date:
I DO NOT want my child to receive the Td/IPV immunisation: Name (<i>print</i>): (<i>Parent/Guardian</i>) Signature: Date:	I DO NOT want my child to receive the Men ACWY immunisation: Name (<i>print</i>): (<i>Parent/Guardian</i>) Signature: Date:

Thank you for completing this form. Please return it to school as soon as possible.

Name:

DOB:

NHS No:

FOR OFFICE USE ONLY

Vaccine Date	Site of Injection <i>(please circle)</i>		Batch Number Brand Expiry Date	Immuniser	Location
	L arm	R arm			
DTP (Td/IPV):					
Men ACWY:					

Date of attempted vaccination	Reason for injection not given

Post immunisation issues/adverse reactions

Date	Details	Immuniser

National Ethnic Category Codes

- | | |
|-------------------------------------|-------------------------------------|
| A White British | M Caribbean |
| B White Irish | N African |
| C Any other white background | P Any other black background |
| D White and Black Caribbean | R Chinese |
| E White and Black African | S Any other ethnic group |
| F White and Asian | T Patient refused |
| G Any other mixed background | W Irish Traveller |
| H Indian | X Traveller |
| J Pakistani | Y Gypsy/Romany |
| K Bangladeshi | Z Not stated |
| L Any other Asian background | |