

July 2019

Dear Parents/Carers

Year 8 Human Papilloma Virus Immunisations

This letter should include information from the School Nurse Team about the above immunisations. These will take place in school on:

HPV 1

Yr8 East (8H, 8I, 8J, 8K)	Tuesday 17 September 2019
Yr8 West (8P, 8Q, 8R, 8S)	Tuesday 1 October 2019

HPV 2

Yr8 East (8H, 8I, 8J, 8K)	Tuesday 24 March 2020
Yr8 West (8P, 8Q, 8R, 8S)	Tuesday 31 March 2020

Please find attached the consent form and further information about the immunisations. All details on the consent form should be completed thoroughly.

- * Immunisation may only be given if a **signed** consent form has been received by the school.

- * Consent forms must be returned to Form Tutors by:

Monday 15th July 2019

- * Should you have any queries or concerns please contact Mrs Ray at the school. (01604 258613).

Mrs Janet Ray
Administration Team Leader

Dear Parent/Guardian

The HPV vaccine is now being offered to ALL students in school Year 8. A consent form is provided with this letter. We ask you to discuss the vaccination with your child and to complete and **return the consent form to school within a week of receipt.**

The vaccine to protect against infection from human papillomavirus (HPV) that can lead to a range of cancers in later life is being offered free to your child in school when they start Year 8. (Please note this vaccine is not routinely available from your GP).

To get the best protection, your child will need two injections to be given 6 months apart. The first will be given in the autumn term 2019 and the second in summer 2020. For specific dates please refer to your school communications (e.g. website, noticeboards, and newsletters)

We would like parents to complete the consent form; however, if we do not receive a completed consent form before the vaccination session, we will look to offer your child the opportunity to self-consent on the day. This is in line with the Gillick Competency Framework, see NHS Choices website; consent to treatment children and young people at the following web address:

<http://www.nhs.uk/Conditions/Consent-to-treatment/Pages/Children-under-16.aspx>

If you decide you do not want your child to have the vaccine, it is important you complete the *refusal of consent* on the consent form and return to the school nurse as soon as possible. Please be assured that if we receive a written refusal of consent we will not vaccinate your child on the day. However, we do have a duty of care to advise your child where they may be able to access the vaccine if they choose to have it at a later date.

If you would like more details you can visit the NHS Choices vaccination page on the HPV vaccine at the following web address:

<http://www.nhs.uk/Conditions/vaccinations/Pages/hpv-human-papillomavirus-vaccine.aspx>

Or visit the Vaccine Knowledge Project at the following web address:

<http://vk.ovg.ox.ac.uk/hpv-vaccine>

If you have any queries and would like to speak with a School Nurse please contact the 0-19 Universal Children's Services Team on 0300 111 1022 Option 4 or via the online live chat available here: www.nhft.nhs.uk/0-19

Vaccination Consent Form

Human papillomavirus (HPV)
0-19 Children's Universal Services

Telephone 0300 111 1022 Option 4

The HPV vaccine that protects against infection from human papillomavirus that can lead to a range of cancers later in life is now being offered to all year 8 students. The letter that accompanies this form tells you and your child about the HPV vaccine.

Please complete this form and return it to the school as soon as possible. Information about the vaccinations will be put on your child's health records, including records at their GP's surgery and held by the NHS. If you have more questions, please contact the 0-19 team on the above telephone number.

Child's full name (first name and surname):	Male / Female:
Home address:	Contact telephone number for parent/carer: Please tick if you consent to us sending appointment reminders via text <input type="checkbox"/>
Date of Birth:	Ethnicity:
School:	Year group/class:
NHS number (if known):	Allergies:
GP Practice:	Medical conditions:

Consent for 2 HPV vaccinations (3 if applicable: only for girls over 15 years old) (Please complete 1 box only)

I give consent for my child to receive the full course of HPV vaccinations:	I do not give consent for my child to have the HPV vaccine.
Name:	Name:
Signature: Parent/Guardian	Signature: Parent/Guardian
Date:	Date:
Immunising nurse to complete (please tick) Parental verbal consent received <input type="checkbox"/> Young Person has self- consented <input type="checkbox"/>	Form assessed by: Designation:

If, after discussion, you and your child decide that you do not want them to have the vaccine, it would be helpful if you give the reasons for this here:

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Please note that if we do not receive a consent form that we could ask your child on the day if they would like to self-consent. Please be assured that if we receive a written refusal of consent (as indicated on this form) we will not vaccinate your child on the day but have a duty of care to advise them where they can access the immunisation at a future date.

OFFICE USE ONLY

Date of HPV vaccination	Deltoid site of injection (please circle)	Batch number / expiry date	Immuniser (please print)	Recorded in System One (tick)
First	Left Right			
Second	Left Right			
If applicable Third	Left Right			