NHS
Northamptonshire Healthcare
NHS Foundation Trust

Dear Parent/Guardian

Immunisations at Secondary School: Your child is due their school leaver vaccinations Td/IPV and Meningitis ACWY. These immunisations will be offered in school within the next month. Please see your school's communications letters/emails for the planned immunisation session date.

CONSENT FORM: IMPORTANT INFORMATION!

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.
See NHS Choices website; consent to treatment children and young people.
http://www.nhs.uk/Conditions/Consent-to-treatment/Pages/Children-under-16.aspx

Please be assured that if we receive a written parental refusal of consent (indicated on the consent form), we will not vaccinate your child.

Please return the completed consent form to school within the next two weeks.

The national childhood immunisations programme has meant that many dangerous diseases such as Tetanus, Diphtheria and Polio (Td/IPV) have practically disappeared in the UK. Unfortunately this is not the same for all countries and cases of these diseases continue to be seen worldwide, including Europe. Similarly immunisations for Measles, Mumps and Rubella (MMR) and Meningitis have drastically reduced the number of people contracting these serious infections. Therefore, it is important that we continue to immunise our children and teenagers in order to maintain the high level of protection found in the UK.

Diphtheria Tetanus and Polio (Td/IPV)
Young people need a total of five doses of Td/IPV vaccine to build up and keep their immunity. These are given as follows:
- The first three doses as a baby (DTaP/IPV/Hib)
- The fourth dose when they were between three and five years old. Preschool booster (DTaP/IPV)
- The fifth dose is due now

Meningococcal ACWY
Due to an increase in the number of cases of Meningitis W in adolescents and university aged students, protection against Meningitis W has been incorporated into the Meningococcal vaccine. The ACWY booster for protection against Meningococcal bacteria is now recommended for teenagers in addition to those doses previously received as a baby. This has been added to the Teenage Immunisation Schedule, to extend protection against Meningococcal strains ACWY into early adulthood. This can be given at the same time as the Td/IPV.

Measles, Mumps and Rubella (MMR)
This is a good time to check that two doses of MMR have been received. If your child has only received one dose, then your GP/Practice Nurse can give the second dose now. If your child has never received the MMR vaccine and you would now like them to **please contact your GP to book an appointment** for your child to catch up with these missed vaccinations.

For more information on any of these vaccines please visit the NHS Choices Website http://www.nhs.uk/Conditions/vaccinations and click on the children/teens tab for detailed information on the importance of vaccination, diseases protected against and the UK vaccination schedule.

If your child is absent on the day of planned vaccinations, you will be offered the opportunity to bring them to a community based vaccination clinic.

If you have any queries please contact the 0-19 Universal Children's Services Team on 0300 111 1022 option 4 for the 0-19 team, followed by option 1 for immunisation queries.

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PLEASE PRINT USING A **BLACK** BALLPOINT PEN

Vaccination Consent Form

For Tetanus, Diphtheria / Inactivated Polio Vaccine (Td/IPV), Meningococcal groups ACWY Measles, Mumps & Rubella (MMR) Status check

Child's surname	First Name	Date of Birth	Male/Female
Home Address Postcode		Medical Conditions	
GP Name and Address		Telephone Number	
		Ethnicity	
School		Tutor Group	
NHS Number	Severe Allergies: (please circle) Yes/No If *Yes* give details:	Regular Medication: (please circle) Yes/No If *Yes* give details:	

Immunisation History - UK Schedule

This information is important; if you are unsure please check with your Doctor/GP surgery

Tetanus, Diphtheria and Inactivated Polio Vaccine (Td/IPV)
In order to be fully protected your child should have received a total of 4 Diphtheria/Tetanus/Inactivated Polio immunisations before starting school.

- Did your child receive 3 DTaP/IPV/Hib immunisations as a baby? Yes ☐ No ☐ Don't know ☐
- Did your child receive DTaP/IPV immunisation before starting school? Yes ☐ No ☐ Don't know ☐

The 5th and final Td/IPV is now due. Or if your child has already received the 5th dose please give date: .....

Meningococcal groups ACWY
In order to fully protect your child the Meningococcal ACWY Vaccine is now due. If your child has already had this over the age of 10 please give date: .....

Measles, Mumps & Rubella (MMR)
Only 2 MMR immunisations are required for your child to be fully protected against Measles, Mumps and Rubella. These are normally given before your child starts school.

- Did your child receive their first MMR immunisation around their first birthday? Yes ☐ No ☐ Don't know ☐
- Did your child receive a second MMR immunisation before starting at primary school? Yes ☐ No ☐ Don't know ☐

If you have ticked either of the 'No' boxes, please contact your GP surgery to book an appointment for vaccination.

Immunisation Consent

I give my consent for my child to receive the following immunisations (please tick) Tetanus, Diphtheria and Polio (Td/IPV) Yes ☐ No ☐ Meningococcal groups ACWY Yes ☐ No ☐	Name (print) Delete as appropriate: Parent /Guardian/ Child
	Signature & Date:
	Immunising nurse to complete (please tick) Verbal Parental Consent ☐ Child Self Consent ☐
Reason consent refused:	

Please complete and return the consent form ASAP, whether or not your child needs the immunisation. **If the form is not returned, your child will be asked on the day if they would like to self-consent.** Please be assured that if we receive a written parental refusal of consent (indicated on this consent form), we will not vaccinate your child.

Vaccine	Date	Site of IM injection		Vaccine Name	Batch No/Expiry date	Immuniser	Signature
Td/IPV		L arm	R arm				
Men ACWY		L arm	R arm				

Entered on System One By: ..... Date: .....