

Northampton School for Boys



An independent Academy for the Town and County

January 2019

Dear Parents/Carers

Year 9 and 10 Diphtheria, Tetanus, Polio and Meningitis Immunisations

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

Year 9 East (9H, 9I, 9J, 9K) Year 9 West (9P, 9Q, 9R, 9S) Year 10 East (10H, 10I, 10J, 10K) Year 10 West (10P, 10Q, 10R, 10S) Tuesday 26th February 2019 Tuesday 5th March 2019 Tuesday 12th March 2019 Tuesday 19th March 2019

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 <u>signed</u> consent form has been received by the school.
- * Consent forms must be returned to Form Tutors by:

Monday 28th January 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

Immunisations at Secondary School

Your child is due their Tetanus/Diphtheria/Polio (Td/IPV) and Meningitis ACWY vaccines. 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.

We would like parents to complete and sign the attached consent form. It is important for you to discuss and complete the consent form with your child. Please return the consent form to school within the next two weeks. If your child has already had the vaccinations elsewhere please complete the details on the form and return so that we can update your child's records.

Please be aware that 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

Please be assured that if we receive a written refusal of consent we will not vaccinate your child.

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.

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 <u>please contact your GP to book an appointment</u> 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.

Td/IPV

ACWY

Men

L arm

L arm

R arm

R arm

Entered on System One By:

NHS Foundation Trust

Date:

Vaccination Consent Form

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

Child's surname			First Name		Date o	f Birth	Male/Female
Home Address					Medical Conditions		
Postcode							
GP Name and Address					Home Telephone Number		
					Ethnicity		
School					Tutor Group		
NHS N	NHS Number (if known) Severe Allergies: (please cir If Yes give details:			cle) Yes/No	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 GP surgery or tick "Don't know"							
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 5 th and final Td/IPV is now due. Or if your child has already received the 5 th 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) – please note - this is NOT given in school 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							
	y consent for sations (plea		ceive the following	Name (print) Delete as appropriate: Parent /Guardian/ Child			
Tetanus, Diphtheria and Polio (Td/IPV) Yes ☐ No ☐ Signature 8					e & Date:		
Meningo	ococcal gro	ups ACWY	Yes □ No □	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