

Immunisation Team
The Warren Health Centre
Uxbridge Road
Hayes
UB4 0SF
Tel: 01895 485740

Dear Parent/Carer,

Re: TEENAGE BOOSTERS

The immunisation team will be visiting your child's school to carry out immunisations as follows:

Tetanus, Diphtheria and Polio (Td/IPV - teenage booster)

The teenage booster, also known as the 3-in-1 or the Td/IPV vaccine, boosts your child's protection against three separate diseases: tetanus, diphtheria and polio.

Your child will already have received four of these immunisations from the age of two months and this booster is needed to complete the course and to ensure that the immunity against these diseases continues into adult life.

You can get more information on the following hyperlink

www.nhs.uk/conditions/vaccinations/pages/3-in-1-teenage-booster.aspx

Meningococcal ACWY Meningitis:

The Men ACWY vaccine will also be offered as a teenage booster to children at the same time as the 3-in-1 teenage booster and will extend your child's protection against meningitis ACWY. This immunisation will protect adolescents, when they are most at risk of developing meningococcal meningitis. This bacterial form of meningitis is a very serious disease, which in some cases can be fatal.

You can get more information on the following hyperlink

www.nhs.uk/conditions/vaccinations/pages/men-acwy-vaccine.aspx

Mumps, Measles and Rubella (MMR)

There has been a large increase in the number of young people catching measles and mumps so we are offering mumps, measles and rubella vaccine to any child who has not received the MMR vaccine, or has only had one dose. If you are not sure, it is recommended that your child receives the MMR vaccine **now**.

You can get more information on the following hyperlink:

www.nhs.uk/conditions/vaccinations/pages/mmr-vaccine.aspx

Are there any side effects?

All vaccinations may have some side effects but these are generally mild. Please speak to the immunisation team or GP, if you are concerned or want more information.

You can find out more on the web at www.nhs.uk/vaccinations

please turn over



When you have read all the information, please complete the consent form in black ink, signing either:-

“YES” if you agree for your child to have the vaccination(s)

Or

“NO” if you do not want your child to have the vaccination(s)

Even if you decide that you **do not** want your child to be immunised it is important that you still complete the no section of the form and return it, this enables us to update his/her records held by his/her GP.

Once completed, please return the consent form to school as soon as possible before the date of the session.

If you have any questions, please telephone 01895 485740.

If a young person is able to show that they fully understand what is involved and the decision that they are making, they are legally able to consent for themselves to have immunisations. If we do not receive a signed consent form from you, your child will be given the opportunity to self-consent after an assessment and full discussion with the nurse.

Thank you.

Yours Sincerely

Immunisation Team

Trust Headquarters: Stephenson House, 75 Hampstead Road, London NW1 2PL

Telephone: 020 3214 5700 Fax: 020 3214 5701

www.cnwl.nhs.uk



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TEENAGE VACCINATION CONSENT FORM
DIPHTHERIA/TETANUS/POLIO BOOSTER (Td/IPV)/MENINGITIS ACWY (MEN ACWY)
AND MEASLES/MUMPS/RUBELLA (MMR) CATCHUP

THIS FORM IS TO BE COMPLETED & SIGNED BY THE CHILD'S PARENT OR GUARDIAN
 The young person can also complete the form themselves and self-consent by signing box B below,
 providing they understand why these vaccinations are being given.

Child's Full Name (First Name & Surname):	Male/Female:	Date of Birth:
Home Address:	Daytime contact phone number:	
Postcode:	Email Address:	
NHS Number:	Ethnicity, <small>please turn over page:</small>	Religion:
School:	Year Group/Class:	
GP Details (Practice & Address):		
Is your child taking any medicines or receiving any medical treatment ?	Please give details:	YES NO
Does your child have a serious illness/allergy ?	Please give details:	YES NO

Box A - CONSENT FOR VACCINATION - PARENT/GUARDIAN	Box B - CONSENT FOR VACCINATION - SELF CONSENT
I have read the information provided . I WANT my child to receive Tetanus, Diphtheria & Polio /Meningitis ACWY <u>Please delete a vaccination if you do not want it given</u>	I have read the information & discussed it with a nurse & understand why I need these vaccinations. I WANT to receive Tetanus, Diphtheria & Polio / Meningitis ACWY <u>Please delete a vaccination if you do not want it given</u>
Signature:	Signature:
Print Name: (parent/guardian)	Print Name:
Date:	Date:

Box C – REFUSAL	
I DO NOT WANT my child to receive Tetanus, Diphtheria & polio/Meningitis ACWY	Signature:
	Print Name:
	Date:

Measles, Mumps & Rubella (MMR) CATCHUP	
London is experiencing an increase in cases of Mumps and Measles , particularly teenagers and young adults . Measles is highly infectious and can lead to serious complications . All children should have TWO MMR vaccinations , normally given at 12 months and at 3 years 4 months of age. If your child is not up to date please sign below for them to receive one dose of MMR in school.	
I WANT my child to receive the MMR vaccination	Signature:
	Print Name:
	Date:

**TEENAGE VACCINATION CONSENT FORM
DIPHtheria/TETANUS/POLIO BOOSTER (Td/IPV)/MENINGITIS ACWY (MEN ACWY)
AND MMR CATCHUP**

ETHNICITY CODES

WHITE	British Irish	A
	Gypsy or Irish Traveller	CL
	Any other White Background	C
MIXED	White & Black Caribbean	D
	White & Black African	E
	White & Asian	F
	Other Mixed	G
ASIAN OR BRITISH ASIAN	Indian	H
	Pakistani	J
	Bangladeshi	K
	Any other Asian Background	L
BLACK OR BRITISH BLACK	Caribbean	M
	African	N
	Any other Black Background	P
OTHER ETHNIC GROUP	Chinese	R
	Arab	SIL
	Any other Ethnic Background	S
	Not Stated/Not Disclosed	Z

**THANK YOU FOR COMPLETING THIS FORM.
PLEASE RETURN TO YOUR SCHOOL AS SOON AS POSSIBLE**

***FOR OFFICE USE ONLY**

	Site of injection (please circle)		Date Given	Batch Number & Expiry Date	Immuniser (Print)	Where Administered
	L arm	R arm				
Tetanus, Diphtheria & polio	L arm	R arm				
Meningitis ACWY	L arm	R arm				
MMR	L arm	R arm				