

Hounslow and Richmond 
Community Healthcare
NHS Trust

Lambeth & Southwark School Age Vaccination Team
Bermondsey Health Centre
108 Grange Rd,
London
SE1 3BW
January 2017

Dear Parents/ Guardian

Attached to this letter is a consent form for your child's Teenage Boosters which consist of two single injections and also an information booklet 'Immunisations for young people'.

The two injections are:

- **The Diphtheria, Tetanus and Polio (Td/Ipv)**
- **Meningococcal ACWY (MenACWY)**

Please discuss these vaccines with your child and complete the attached consent form before returning it to the Welfare Officer at your child's school.

This is part of a National Programme, if you would like to discuss your child's immunisations, please contact the Immunisation Lead Nurse on 0203 049 7188 email: HRCH.ImmunisationTeamMailboxSouthwark@nhs.net or HRCH.ImmunisationTeamMailboxLambeth@nhs.net

In absence of a signed consent form from parents we will invite the young person to self-consent for the above vaccinations providing they can demonstrate understanding of the vaccinations due. Ultimately, the decision to consent or refuse is the young person's choice, providing they understand the issues involved in self consent. This is in line with the Fraser Guideline Competency.

MMR vaccine to protect them fully against Measles, Mumps and Rubella (usually received at 13 months of age and at pre-school age). If your child has not received two doses of the MMR vaccine please ask your child to collect the MMR consent form from the welfare office/student services and return the form to school, so that we can also include this vaccination.

Yours sincerely

Christiana Ogunleye

Lambeth & Southwark School Age Vaccinations Team Leader

TEENAGE VACCINATION CONSENT FORM Diphtheria/Tetanus/Polio Booster (Td/Ipv) and Meningococcal ACWY (MenACWY)

* Please complete all sections and return to school for the attention of the immunisation team.

YOUNG PERSONS DETAILS – Please complete in ink:

Surname..... School.....
 First names..... Class/Form.....
 Address Home Tel.....
 Postcode..... Parents Mobile No.....
 D.O.B..... Male / Female Ethnicity.....
 Doctor's name/ Surgery..... Tel no.....

Vaccination History:

The Diphtheria, Tetanus and Polio vaccine is the fifth and final booster required to build up long term immunity to protect you from these illnesses, also at this point we offer the Meningococcal ACWY which was introduced in August 2015; this extends protection against many types of meningitis into early adulthood where there is an increased peak in cases of Meningitis.

Has your child had any vaccinations in the last 5 years?	If yes please give details	No
Is your child on regular medication?	If yes please give details	No
Does your child have a chronic or long term condition?	If yes please give details	No
Does your child have any severe allergies?	If yes please give details	No
Is your child currently seeing a doctor or receiving any treatment?	If yes please give details	No

Consent for the vaccination	
Parental/ Guardian Consent	Self Consent
I consent for my child to have the <ul style="list-style-type: none"> • DIPHTHERIA/TETANUS/POLIO BOOSTER (combined) • MENINGOCOCCAL ACWY In school with the school nurse/immunisation team Please delete any immunisation you do not want given I confirm that I have parental responsibility for this child.	I consent to my vaccination being given in school <ul style="list-style-type: none"> • DIPHTHERIA/TETANUS/POLIO BOOSTER (combined) • MENINGOCOCCAL ACWY I have discussed and understood these immunisations with my parent (or) school nurse/ immunisation team Please delete any immunisation you do not want given
Name	Name
Signature	Signature
Relationship	Date
Date	Consent discussed with Parent /Guardian/ Nurse

Thank you for completing the form, please return it to school welfare ASAP