



## Hounslow and Richmond Community Healthcare

NHS Trust

Southwark and Lambeth School Age  
Immunisation Team  
Bermondsey Health Centre  
108 Grange Road  
London SE1 3BW

12/02/2020

### HPV vaccination

Dear Parent/Guardian.

From September 2019, the HPV vaccination is offered to all boys and girls in school year 8. The HPV vaccine helps protect against cancers caused by the human papillomavirus (HPV), including: the most common cause of cervical cancer, some head and neck cancers and some cancers of the anal and genital areas. It also protects against genital warts.

The HPV vaccination consists of two separate injections given at least 6 months apart. If your son / daughter is absent on the day of vaccination, we will make arrangements to include him / her in one of our catch up sessions.

For your son / daughter to receive the HPV vaccination, please discuss with him / her, then complete the attached consent form and return it to the school. It is important to note that you are consenting for both doses to be given.

In the absence of a signed consent form from parents/carers, we will invite the young person to self-consent for the above vaccinations. Ultimately, the decision to consent or refuse is the young person's choice, providing they clearly understand the issues involved in self consent. This is in line with the Gillick Competency Guidelines.

Measles, Mumps and Rubella vaccine (MMR) vaccine is normally given at 1 year old and again at 3 ½ years old. If your child missed this vaccine at an earlier age and you would like to consent to this being given, please request a consent form from ourselves or the school.

Further information and translation is available by visiting the following website: [www.nhs.uk/vaccinations](http://www.nhs.uk/vaccinations) where you can also find information on the virus, the disease and the vaccine, as well as links to other useful websites.

You can also discuss this vaccination with a member of the immunisation team.

**Telephone number:** 0203 049 7218  
**Email:** hrch.immunisationteammailboxlambeth@nhs.net

**Telephone number:** 0203 049 7188  
**Email:** hrch.immunisationteammailboxsouthwark@nhs.net

Yours sincerely,  
Christiana Ogunleye  
Immunisations Lead for Lambeth and Southwark

**We are not able to offer the HPV vaccination to older boys but if you have a daughter aged 14 - 24 who has missed her HPV vaccine(s) please contact our team directly for advice.**

The HPV vaccine that protects against several types of cancer is being offered to your son / daughter at school. To get the best protection, it is important to receive two injections. The second injection will be offered six to 24 months after the first. **Please discuss this with your son / daughter, then complete this form and return it to the school before the vaccination is due.** Information about the vaccinations will be put on your son / daughters' health records held by the GP's surgery and the NHS. For further information go to [www.nhs.uk/hpv](http://www.nhs.uk/hpv)

Child's full name (first name and surname):	Date of birth:
Home address:	Daytime contact telephone number for parent/carer:
NHS number (if known):	Ethnicity:
School:	Year group / class:
Gender: (circle as appropriate) Male / Female	GP name and address:

Your child will receive their first HPV vaccine in Year 8 and their second HPV in year 9.

### Consent for two HPV vaccinations (Please complete **one** box only to confirm Yes or No to the vaccine)

<p><b>I want</b> my son / daughter to receive the full course of two HPV vaccinations and confirm I have parental responsibility.</p> <p>Name:</p> <p>Signature: Parent / Guardian</p> <p>Date:</p>	<p><b>I do not want</b> my son / daughter to have the HPV vaccine</p> <p>Name:</p> <p>Signature: Parent / Guardian</p> <p>Date:</p>
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NB. If, after discussion, you and your child decide that you do not want them to have the vaccine, it would be helpful if you could give the reasons for this on the back of this form and kindly return it to the school).

**Thank you for completing this form. Please return it to the school as soon as possible.**

OFFICE USE ONLY						
Date of HPV vaccination	Site of injection (please circle)		Batch number/ expiry date	Immuniser (please print )	Immuniser (please sign)	School / Clinic Where administered
First	L arm	R arm				
Second	L arm	R arm				