

School Age Immunisation Team

Barnet Team  
Vale Drive Clinic  
Vale Drive  
Barnet  
EN5 2ED  
Tel: 0208-447-3622

Harrow Team  
Alexandra Avenue Health Centre  
275 Alexandra Avenue  
Harrow  
HA2 9DX  
Tel: 0781-425-3095  
or 0208-102-6333

Hounslow Team  
Heston H/C  
25 Cranford Lane  
Hounslow  
TW5 9ER  
Tel: 07769-791-614  
or 0203-691-1013

December 2018

Dear Parent or Guardian,

Important information regarding – Immunisations for young people

In line with the national immunisation programme all children in year 9 are offered immunisation boosters against Diphtheria, Tetanus and Polio and Meningococcal ACWY. These vaccinations protect your child against potentially very serious and even fatal complications of these preventable infections.

Diphtheria, Tetanus and Polio booster

This booster dose is important to ensure a young person's continuing immunity and protection against these diseases.

Meningococcal ACWY

Meningococcal ACWY vaccination helps to protect your child against 4 types of meningococcal bacteria (groups A, C, W and Y) that can cause meningitis (inflammation of the lining of the brain) and septicaemia (blood poisoning). These diseases are very serious and can kill, especially if not diagnosed early. Cases of meningococcal W disease in England have increased significantly in recent years.

University, colleges and future employers increasingly ask for evidence of these vaccinations.

Enclosed with this letter is a consent form for you to complete and return to your child's school as soon as possible.

If you have any questions arising out of this letter or the next steps please contact your local team on the numbers provided above or you can visit <http://www.nhs.uk/vaccinations>

Measles Mumps and Rubella (MMR)

We would also like to remind you that all children and young people should have received 2 doses of MMR usually given at 13 months and 3-5 years. If you are not sure if your child has been fully immunised against MMR please contact your GP or practice nurse for advice.

Yours sincerely,



Adele Edwards  
Lead Nurse for School Age Immunisation

**TEENAGE VACCINATION CONSENT FORM**

**DIPHTHERIA/TETANUS/POLIO BOOSTER (Td/IPV) and MENINGITIS ACWY BOOSTER (MEN ACWY)**

\* Please complete all sections and return to school for the attention of the School 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.....

Has your child had a diphtheria, tetanus and polio or Meningitis ACWY vaccination in the last 5 years?	If <b>yes</b> please give details	<b>No</b>
Does your child have a chronic or long term condition? (particularly bleeding disorders or immunodeficiency disorders)	If <b>yes</b> please give details	<b>No</b>
Does your child have any severe allergies, or have they ever had a reaction to any other vaccinations they have received?	If <b>yes</b> please give details	<b>No</b>

Consent for the vaccination	
Parental/young person consent	Refusal
I <b>DO</b> consent to having the: <ul style="list-style-type: none"> <li>• DIPHTHERIA/TETANUS/POLIO BOOSTER <input type="checkbox"/></li> <li>• MENINGITIS ACWY <input type="checkbox"/></li> </ul>	I <b>DO NOT</b> consent to having the; <ul style="list-style-type: none"> <li>• DIPHTHERIA/TETANUS/POLIO BOOSTER <input type="checkbox"/></li> <li>• MENINGITIS ACWY <input type="checkbox"/></li> </ul>
Name	Name
Signature	Signature
Date	Date

**Please only sign one side of the consent and complete all sections of the form then return to school ASAP**

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**\*FOR OFFICE USE ONLY**

**This side to be completed by the Nurse administering the vaccine**

	Site of injection (please circle)		Date Given	Batch Number & Expiry Date	Immuniser Print	Immuniser signature	Where administered
	L arm	R arm					
Tetanus, Diphtheria & Polio							
Meningitis ACWY Booster							