



April 2024

Immunisation & Vaccination Service Community Health & Wellbeing Wayside House Wilsons Lane Coventry CV6 6NY

Dear Parent / Guardian

ELECTRONIC CONSENT FOR TETANUS, DIPHTHERIA POLIO (Td/IPV) & MENINGITIS ACWY

These vaccines are routinely given at school in Year 9. They are given at the same time.



The teenage booster, also known as the 3-in-1 or the Td/IPV vaccine, is a single injection given to boost protection against 3 separate diseases: Tetanus, Diphtheria and Polio.

The MenACWY vaccine is given by a single injection into the upper arm and protects against 4 strains of the meningococcal bacteria – A, C, W and Y – which causes Meningitis and blood poisoning

It is very important your child has these vaccines to complete their routine childhood immunisations.

Please click on this <u>link</u> to view the routine UK schedule.

How to consent



School Name & URN:Seva & 141104

Date of vaccination: 22nd May & 4th June 2024



Unique consent link:

https://iv.covwarkpt.nhs.uk/form?identifier=e8fe04d3-8100-4796-8979-

b88b7482422c



The above consent link will close on: 12th May 2024



If you are consenting for more than 1 child at the school you will need to complete a separate form for each child by clicking on the link again.

Please make sure it is **your child's name and date of birth** recorded on the form. Before submitting the form, please check ALL details are correct



Please click on this link to visit our website for more information on

- WHO CAN GIVE CONSENT
- ADVICE FOLLOWING VACCINATION
- DATA SHARING Our responsibility
- Community clinics



In the case of a consent form not being returned, young people under the age of 16 years may be able to give consent if assessed competent to do so



Please click on this <u>link</u> to view information on these teenage immunisations in other languages



Your child may have already had these vaccinations (e.g. for travel or going to A&E and having a tetanus injection)

Please still complete a form or contact your immunisation team to let us know or if you are unsure.



If you decide you **do not want** your child to have these vaccines, please still complete a form with the reason why. This will help us plan for and improve future vaccination programmes. We will not vaccinate your child without valid consent in place.



If you change your mind after consenting, please DO NOT complete another form. We ask that you instead email your immunisation team (email address below) with the following details:

- Your child's full NAME, DATE OF BIRTH & SCHOOL.
- What you have already consented Yes or No and the reason for the change



Coventry schools: Tel: 024 76 961422

Email: Bewise.Immunise@covwarkpt.nhs.uk

South Warwickshire schools: Tel: 01926 353899 Email: SOUTHIMMS@covwarkpt.nhs.uk

North Warwickshire schools Tel: 02476 321550 Email: NORTHIMMS@covwarkpt.nhs.uk

Jagtar Singh OBE - Chair Melanie Coombes MBE - Chief Executive