

NHS Foundation Trust

School Health Nurses Abingdon Hospital Marcham Road Abingdon, OX14 1AG

7th November 2014

Telephone: 01235 205739

Fax: 01235 205740

Email: Claire.james@oxfordhealth.nhs.uk

Dear Parents/Carers

Immunisations at Secondary School

The national childhood immunisation programme has meant that many dangerous diseases such as tetanus, diphtheria and polio (Td/IPV) have practically disappeared in the UK. Unfortunately this is not the same for all countries and cases of these diseases continue to be seen worldwide, including Europe. Similarly immunisations for Measles, Mumps and Rubella (MMR) and Meningitis C (MenC) have drastically reduced the number of people contracting these serious infections. Therefore it is important that we continue to immunise our children and teenagers in order to maintain the high level of protection found in the UK.

MenC

From September 2013, a booster for Meningitis C is required for teenagers in addition to the doses your child received as a baby. This has been added to the Teenage Immunisation schedule, to extend protection against Meningitis C into early adulthood. This can be given at the same time as the Td/IPV.

Td/IPV

Young people need a total of five doses of Td/IPV vaccine to build up and keep their immunity. These are given as follows:

- The first three doses as a baby
- The fourth dose when they were between three and five years old, before they started school
- The fifth dose is due now

MMR

This is a good time to check that 2 doses of MMR have been received. If your child has only received one dose then the School Health Nurses can give the second dose now. If your child has never received the MMR vaccine and you would like them to, they will be given one dose by the School Health Nurses and should then have a second dose at their GP/Doctors' surgery.

Students in Year 9 will be offered their 5th dose of Tetanus, diphtheria and inactivated Polio (Td/IPV) and Meningitis C (MenC) on Wednesday 3rd December 2014, at Abingdon Boys School by a team of School Health Nurses. If your child is absent on this day they will be immunised in school on an alternative date.

Consent Form

Please discuss and complete the consent form with your child. Every student should return the consent form to school by Friday 21st November, whether or not they need the immunisations.

For further information please consult the attached information booklets 'Immunisation at secondary school' which contains useful information about these vaccines or visit the website www.nhs.uk/vaccinations

If you have any concerns please contact the School Health Nurses on the above number.

Yours sincerely,

Claire James



Vaccination Consent Form

For Tetanus, Diphtheria / Inactivated Polio Vaccine (Td/IPV)
Measles, Mumps & Rubella (MMR)
Meningococcal group C disease (MenC)

	ou for	sed (PTO for	additional spiring this Site of IM	form, p	lease return Vaccine Name	1	nool lo / Expiry Date	Immuni: (please pi		Signature		
hank yo	ou for	sed (PTO for	ing this	form, p		1		Immuni:	cor			
	er. Acceptate receptor to be the real	sed (PTO for			Inches and the second	. d	!	ad annual state of the same and the same same same same same same same sam				
Measles, I	Mumps a	nd Rubella	a (MMR)	Y	es No				applications of the same of th			
	_	•	ase (MenC)		es No		orginature & Da	ite				
		ia and Poli			es No		Signature & Da	nto.		Parent/Guardian		
-					munisations (plea	ise tick)	wanne (pillit)					
							Name (print)					
		and the same and t		l ma m	nunisatio	nco	ncont		***************************************			
					ation before star e consent below.	rting pri	mary school?	Yes	No			
•					ation around th			Yes	No] ,		
-			-		to be fully prote					rts school.		
			ubella (N	_		J . 10%						
• Has you	ur child re	eceived a I	MenC imm	unisation i	n the last 4 year	rs?		Yes	No			
					nC booster now u	ınless the	y have received	this immunisat	ion after th	e age of 10 years.		
			disease			, 501		,5				
 Did your child receive Td/IPV immunisations as a baby? Did your child receive Td/IPV immunisation before starting primary school? Yes No 												
						iiiluiiiSali(nis neiore startin	_	_	Tu/IFV IS NOW QUO		
					io Vaccine (To		ons hoforo startin	in school The F	th and final	Td/IDV is now do		
					ou are unsui		ise check w	ith your D	octor/G	P surgery		
					tion Histo	ELSP.				-		
Managana and a service and a service become an analysis.	ini dhenare e reggisi i reji i kuduarkan pi gasan a											
Severe A	Severe Allergies		Medica	Medical Conditions			Regular Medication					
School	School							Tutor Group				
GP Name	GP Name and Address							NHS Number				
Postcode												
Home Ac	Home Address						Conte	Contact telephone numbers				
Home Ac	ddrocc						Cont	act tolophone	numbors			
Child's Surname			Child's First N	Child's First Name			e of Birth	Male/Female				

MMR

L arm

R arm



Vaccination Consent Form

War and Market

MenC

MMR

L arm

L arm

R arm

R arm

For Tetanus, Diphtheria / Inactivated Polio Vaccine (Td/IPV)
Measles, Mumps & Rubella (MMR)
Meningococcal group C disease (MenC)

PLEASE CO	OMPLETE US	ING A BALLPO	DINT PEN							
Child's Surname			Child's First Name				Date of Birth	Male/Femal		
	s						9			
Home A	Address					Contac	Contact telephone numbers			
						- Riv	"			
Postcod	le									
GP Nam	ne and Ad	dress		NHS N	NHS Number					

School						Tutor (Group			
	Allergies		Modic	al Conditions	Conditions		Tutor Group Regular Medication			
Severe A	Allergies		Medic	al Conditions		Regula	ii ivieui	·		
				tion Liete	140 /		Jula			
71.			Immunisa					D : /C		
Ihis	intorm	iation is	important; if y	ou are unsur	e plea	se check wit	th you	ir Doctor/G	Psurgery	
Tetanu	s, Dipht	heria and	d Inactivated Pol	io Vaccine (To	I/IPV)					
In order	to be fully p	orotected yo	our child should have re	eceived 4 Td/IPV im	munisatio	ons before starting	school.	The 5th and fina	l Td/IPV is now d	
• Did yo	our child r	eceive Td/I	PV immunisations a	s a baby?			Yes	No		
• Did your child receive Td/IPV immunisation before starting primary school?							Yes No			
	nacional displaying								J	
			Cdisease (MenC) our child requires a M	anC boostor now u	nloce tha	u hava rasaiyad th	sic immi	inication after t	o ago of 10 year	
						y nave received th			ie age oi 10 yea⊓ □	
• Has yo	our child r	eceived a l	MenC immunisation	in the last 4 year	rs?		Yes	No _		
Measle	s, Mum	ps and R	ubella (MMR)							
Only 2 M	MR immun	isations are	required for your chil	d to be fully prote	cted. Thes	e are normally giv	ven befo	re your child st	arts school.	
• Did yo	our child r	eceive thei	r first MMR immuni	sation around th	eir first l	oirthday?	Yes	No		
• Did yo	our child r	eceive a se	cond MMR immunis	ation before sta	ting prir	mary school?	Yes	No		
-			'No' boxes, please giv							
			lmr	nunisatio	n Co	nsent	OTHER STATE OF THE		CONTRACTOR SALES AND	
					Т	Name (print)				
I give cor	nsent for m	y child to re	eceive the following in	nmunisations (plea	se tick)	Name (print)				
Tetanus,	, Diphther	ia and Poli	io (Td/IPV)	Yes No					Parent/Guardia	
Mening	ococcal gr	oup C dise	ase (MenC)	res No		Signature & Dat	te			
Measles,	, Mumps a	and Rubella	a (MMR)	res No						
Reason co	onsent refu	used (PTO for	r additional space)				ALCOHOLOGIC TO CONTRACT			
				1	, , ,	1	and account of the second companion of the			
,		complet	ing this form, p	olease return	to sch	1001				
or office use		Tim.	Cito of IM initiati	Vaccina Name	Datch N	lo / Evnim D-t-		muniser	Cianat	
Vaccine	Date	Time	Site of IM injection	Vaccine Name	batch N	lo / Expiry Date		ase print)	Signature	
Td/IPV		1	L arm R arm		1					