




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



March 2024









Dear Parent / Guardian

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

	<p>These vaccines are routinely given at school in Year 9. They are given at the same time.</p> <p>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.</p> <p>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</p> <p>It is very important your child has these vaccines to complete their routine childhood immunisations.</p> <p>Please click on this link to view the routine UK schedule.</p>
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How to consent

	<p>School Name & URN: North Leamington School & 142202</p> <p>Date of vaccination: 29th April 2024 & 1st May 2024</p> <p>Unique consent link: https://iv.covwarkpt.nhs.uk/form?identifier=32b4f85e-8952-433f-99ae-7496be9254b8</p>	
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	<p>The above consent link will close on: 21st April 2024</p>
	<p>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.</p> <p>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</p>
	<p>Please click on this link to visit our website for more information on</p> <ul style="list-style-type: none"> • WHO CAN GIVE CONSENT • ADVICE FOLLOWING VACCINATION • DATA SHARING – Our responsibility • Community clinics
	<p>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</p>
	<p>Please click on this link to view information on these teenage immunisations in other languages</p>
	<p>Your child may have already had these vaccinations (e.g. for travel or going to A&E and having a tetanus injection)</p> <p>Please still complete a form or contact your immunisation team to let us know or if you are unsure.</p>
	<p>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.</p>
	<p>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:</p> <ul style="list-style-type: none"> • Your child's full NAME, DATE OF BIRTH & SCHOOL. • What you have already consented Yes or No and the reason for the change

Jagtar Singh OBE - Chair
Melanie Coombes MBE - Chief Executive



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

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