

## Westbourne Academy

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WESTBOURNE  
ACADEMY

Principal - Mr Garry Trott

Our ref: GTr/EPe

23 March 2018



# Year 9 Boys & Girls

Dear Parents

## Parental Consent for Meningitis ACWY, Tetanus, Diphtheria & Polio Vaccinations: Monday 21 May 2018

On behalf of NHS Children and Young People's Health Services, we are writing to inform you that the school nursing team will be with us on Monday 21 May 2018 to administer all current Year 9 boys and girls with the above vaccinations. The vaccinations can only be given if written parental consent is obtained beforehand.

Attached please find a copy of a letter from the NHS about the vaccination campaign as well as a parental consent form.

If you would like your child to be given the vaccinations by the nursing team, please complete, sign and ask your child to return the enclosed NHS consent form to Student Services no later than **Friday 20 April 2018**. Even if you do not want your child to be vaccination, you will still need to return the form to us and tick the red boxes as necessary.

Further information about the vaccinations can be downloaded from our academy website under the Parent/Letters page. If you need further information regarding the vaccinations, please contact the Suffolk Immunisation Team on **01473-599140** or email them at **ccs-tr.suffolkimmsteam@nhs.net**. Further information can be found online by searching 'childhood vaccinations' at: [www.nhs.uk/hpv](http://www.nhs.uk/hpv).

Yours sincerely

Mrs C Cook  
Assistant Principal

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### **Giving Permission**

This letter is about important information. You need to understand this information before you sign the form. Do not just ask your child to translate the information. If you are unable to read this information because English is not your first language, please ask someone who speaks English to contact the school on 01473 742315 or email [office@westbourne.atrust.org.uk](mailto:office@westbourne.atrust.org.uk)

### **Lietuvių kalba/Lithuanian - Suteikti leidimą (įskaitant pietų kortelę )/giving consent**

Šiame laiške yra svarbi informacija. Jūs turite suprasti informaciją prieš pasirašant ją. Neprašykite savo vaiko, geriau paklauskite suaugusio asmens kuris kalba Anglų kalba. Jei negalite perskaityti šios informacijos, nes anglų nėra jūsų gimtoji kalba, kreipkitės į ką nors, kas kalba angliškai arba kreipkitės į mokyklą 01473 742315 arba el [office@westbourne.atrust.org.uk](mailto:office@westbourne.atrust.org.uk)

### **Polski/Polish - Dawanie pozwolenia (w tym karty na lunch)/giving consent**

List ten zawiera ważne informacje. Musisz zrozumieć informacje przed jej podpisaniem. Nie pytaj dziecka, lepiej jest poprosić kogoś dorosłego, kto mówi po angielsku. Jeśli nie możesz przeczytać tej informacji, ponieważ angielski nie jest twoim pierwszym językiem, poproś kogoś, kto mówi po angielsku, lub skontaktuj się ze szkołą 01473 742315 lub e-mail [office@westbourne.atrust.org.uk](mailto:office@westbourne.atrust.org.uk)

### **Em português /Portuguese - Dê permissão/consent**

Esta carta é uma informação importante. Você precisa entender esta informação antes de assinar o formulário. Não basta pedir ao seu filho para traduzir a informação. Se você é incapaz de ler esta informação, porque o Inglês não é sua língua nativa, por favor, pergunte a alguém que fala Inglês deve contactar a escola 01473 742315 ou e-mail [office@westbourne.atrust.org.uk](mailto:office@westbourne.atrust.org.uk)

### **Limba română/Romanian - Permissiune/giving consent letter**

Această scrisoare este o informație importantă. Aveți nevoie să înțelegeți aceste informații înainte de a semna formularul. Nu doar să cereți fiul sau fiica ta pentru a traduce scrisoarea. Dacă nu puteți citi această informație pentru că engleza nu este prima limbă, vă rugăm să întrebați pe cineva care vorbește limba engleză trebuie să contacteze școala 01473 742315 sau e-mail [office@westbourne.atrust.org.uk](mailto:office@westbourne.atrust.org.uk)

**Meningitis ACWY and Tetanus, Diphtheria & Polio Vaccinations  
Westbourne Academy Year 9 Boys & Girls – Monday 21 May 2018**

Dear Parent/Carer

As a result of a continuing increase in the number of cases of Meningococcal W (MenW) disease over recent years, the MenACWY vaccine is being offered to Year 9 students in schools. At the same time as receiving this vaccination, your child will receive their final, routine 'teenage booster' of Tetanus, Diphtheria and Polio. One injection will be given in each arm.

Older teenagers and young adults are at risk of getting meningitis and septicaemia from MenW. Meningococcal bacteria can cause meningitis (inflammation of the lining of the brain) and septicaemia (blood poisoning). Tetanus, Diphtheria and Polio are serious diseases that can affect the nervous system, breathing and heart.

The most common mild side effects of the vaccinations include redness, tenderness or swelling at the injection site, fever, fatigue, nausea, muscle aches or headache. Paracetamol may be given to ease a fever or discomfort resulting from a vaccination.

**If you would like your child to receive the vaccinations, please complete sections 1 to 5 of the consent form in black ink, ticking in the green boxes and return it to Westbourne Academy Student Services by FRIDAY 20 APRIL 2018.** If you **do not** wish your child to receive the vaccination, please complete sections 1 and 2, ticking in the red boxes, and return it to school. If you do not return a consent form, we will contact you in order to confirm that you do not wish your child to receive the vaccines. If your child is absent on the day of vaccinations, a further attempt will be made to offer your child the vaccine at a later date. Please write a valid mobile number on the form so that we can contact you if necessary.

**If you are unsure of your child's vaccination history, please check with your GP surgery before you return the form.**

**PLEASE ENSURE THAT THE FORM IS SIGNED BY THE PERSON WITH LEGAL PARENTAL RESPONSIBILITY FOR THE CHILD/YOUNG PERSON. (Legal responsibility applies to birth parents and others who have obtained parental responsibility agreements through court.)**

Please note, that by your giving consent, you are agreeing to your child's electronic health record being updated by CCS NHS Trust, and your GP being notified; we will ask the school to share information with us about all eligible children.

If you need further information regarding the vaccinations please contact the Immunisation Team on: 01473 599140 or email the Team at [ccs-tr.suffolkimmsteam@nhs.net](mailto:ccs-tr.suffolkimmsteam@nhs.net). Further information can be found online by searching 'childhood vaccinations' at: [www.nhs.uk](http://www.nhs.uk). The medical information for the vaccines can be read by typing 'Nimenrix', 'Menveo' and 'Revaxis' into the search bar at: <https://www.medicines.org.uk/emc/>

We value your views on our service. Leave your feedback here:

<https://www.oc-meridian.com/cambCommunityServices/survey/SchoolImmunisationsParentFeedback> or QR code:

Yours sincerely



Chris Wheeler  
School Immunisation Team Nurse Lead (Suffolk)



School Immunisation Team Consent Form  
**Meningitis ACWY and Tetanus, Diphtheria & Polio Vaccination**

<b>1</b>	Child's Surname (and any previous Surname)	Child's Forename(s)	Date of Birth
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<b>2</b>	Address & Postcode (please write previous address overleaf if less than 3 years)	Mobile phone number of parent/guardian
		Email of parent/guardian
		Ethnicity
	GP Surgery:	NHS Number
	School Name	Year Group

<b>3</b>	<b>Would you like your child to receive the following vaccinations (please tick in the boxes below)?</b>		
	<input type="checkbox"/> <b>YES, I CONSENT to <u>Meningitis ACWY</u> vaccination</b> (please complete sections 4 & 5 and return form to school)	<input type="checkbox"/> <b>NO, I DO NOT CONSENT to <u>Meningitis ACWY</u> vaccination</b> (please return form to school)	
	<input type="checkbox"/> <b>YES, I CONSENT to <u>Tetanus, Diphtheria &amp; Polio</u> vaccination</b> (please complete sections 4 & 5 and return form to school)	<input type="checkbox"/> <b>NO, I DO NOT CONSENT to <u>Tetanus, Diphtheria &amp; Polio</u> vaccination</b> (please return form to school)	

<b>4</b>	<b>Important medical information – if unsure, please check with your GP</b>			
	<b>Allergies:</b>	Has your child ever had a severe allergic reaction to any previous vaccines or medication?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
	<b>Medical Information:</b>	Does your child have any long-standing medical conditions?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
	<b>Meningitis ACWY:</b>	Has your child received a dose of <b>Meningitis ACWY</b> vaccine since the age of ten years? (If yes, a further dose may <b>NOT</b> be necessary)	Yes <input type="checkbox"/>	No <input type="checkbox"/>
	<b>Tetanus, Diphtheria &amp; Polio:</b>	Has your child received a dose of Tetanus, Diphtheria and Polio vaccine in the last five years? (If yes, a further dose may <b>NOT</b> be necessary)	Yes <input type="checkbox"/>	No <input type="checkbox"/>
		Did your child receive the three doses of Tetanus, Diphtheria and Polio as a baby and a pre-school booster?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If you answered yes to any of the above, please give details, including dates :				

<b>5</b>	Signature of parent/guardian (with parental responsibility)	
	Relationship to child	Date

**OFFICE USE ONLY**

<b>Has the parent consented (in 3) and signed (in 5)?</b>						Yes <input type="checkbox"/>
	Date:	Time:	Site of IM injection		Batch number & Expiry date:	Immuniser:
			L	R		
			L	R		
<b>Nurses' Checklist:</b>		<b>Nurses' Comments:</b>				
Allergies						
Medication						
Recent vaccines						
Febrile Illness						
Pregnancy						

**School Immunisation Team**

**Withdrawal of Consent after Completion of Consent Form**

**Please return to Westbourne Academy  
FAO: Mrs K Anderson – Assistant Head of House**

To be completed by the parent/carer with legal responsibility.

I wish to withdraw consent for my child below for the following vaccinations (please tick) on/s which are due to take place at Westbourne Academy for Year 9 boys and girls on Monday 21 May 2018.

- |                          |                               |
|--------------------------|-------------------------------|
| <input type="checkbox"/> | Meningitis ACWY               |
| <input type="checkbox"/> | Tetanus, Diphtheria and Polio |

<b>Child's Surname</b>	<b>Child's Forename</b>	<b>Date of Birth</b>
<b>Signature of Parent/Carer</b>	<b>Relationship to Child</b>	<b>Date</b>