



Summer term 2023

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



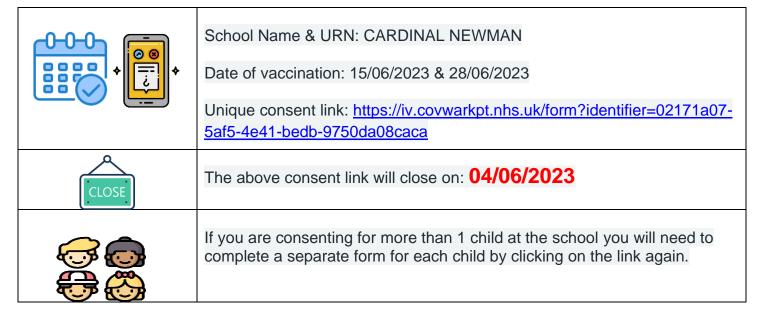
These vaccines are routinely given at school in year 9. They are given at the same time.

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: <u>tetanus</u>, <u>diphtheria</u> and <u>polio</u>.

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 cause 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



	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.
YES NO	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