

19th May 2017

Dear Parent/Carer,

Re: Human Papillomavirus (HPV) Immunisation

Further to the vaccination consent forms sent out to all year 8 girls in March, I regret that due to an administrative error we must ask you to complete the form again.

Please would you return your completed form to the school office by **Friday 26th May 2017**.

We apologise for any inconvenience caused.

Yours sincerely



Mrs N. Grainger
Administrator

Immunisation Team
Principal Health
Centre Civic Close
St Albans
Hertfordshire AL1
3LA Tel: 01727
734026

February 2017

Dear Parent / Carer,

[email:ImmsEnquiries@hct.nhs.uk](mailto:ImmsEnquiries@hct.nhs.uk)

IMPORTANT INFORMATION: Beating Cervical Cancer

Human Papillomavirus (HPV) Immunisation

After breast cancer, cervical cancer is the most common women's cancer in the world. The HPV vaccine protects against the two types of human papillomavirus that cause most cases of cervical cancer. Adolescent girls who have the HPV vaccination will reduce their risk of getting cervical cancer by over 70%.

Hertfordshire Community NHS Trust School Nursing Immunisation Team routinely offers HPV vaccination to all Year 8 girls in school. Your daughter will require two injections with the second injection given 6 to 24 months after the first.

Please click [here](#) for further information about the HPV vaccination.

PLEASE DOWNLOAD, PRINT, COMPLETE AND SIGN THE ATTACHED CONSENT FORM AND RETURN IT TO YOUR CHILD'S SCHOOL WITHIN 2 WEEKS.

Please do not hesitate to contact the immunisation team on the number above if you have any concerns or questions about this vaccination.

Measles / Mumps / Rubella (MMR):

We would like to remind you that all children and young people should have 2 doses of MMR. If you are not sure whether your child has been fully immunised against MMR please contact your GP or Practice Nurse for advice. For further information about immunisations for young people please click [here](#)

Yours sincerely,



Lyn Cowan
Immunisation Team Leader



Jill Sharpe
Clinical Immunisation Lead



Human papillomavirus (HPV)



Vaccination consent form

The HPV vaccine that protects against cervical cancer, is being offered to your daughter at her school. To get the best protection, it is important that she receives two injections. The second injection will be offered six to 12 months after the first (although it can be given up to 24 months after). Your school will inform you about the specific timing of the second dose which is being decided locally. Please discuss this vaccination with your daughter, then complete this form and return it to the school before the vaccination is due to be given.

Information about the vaccinations will be put on your daughter's health records, including records at her GP's surgery and held by the NHS. If you have more questions, please contact the Hertfordshire Community NHS Trust school nurse immunisation team on 01727 734026. For further information go to <http://www.nhs.uk/hpv>

Girl's full name (first name and surname):

Date of birth:

Home address:

Daytime contact telephone number for parent/carer:

NHS number (if known):

Ethnicity: (see overleaf for codes)

School:

Year group/class:

GP name and address:

Consent for two HPV vaccinations (Please complete one box only)

I want my daughter to receive the full course of two HPV vaccinations

Name
Parent/Guardian

Signature
Parent/Guardian

Date

I do not want my daughter to have the HPV vaccine

Name
Parent/Guardian

Signature
Parent/Guardian

Date

If, after discussion, you and your daughter decide that you do not want her to have the vaccine, it would be helpful if you would give the reasons for this on the back of this form (and return to the school).

Any side effects following the HPV vaccination should be reported to the school nurse or your GP

Thank you for completing this form. Please return it to the school within two weeks.

OFFICE USE ONLY

Date of HPV vaccination	Site of injection (please circle)	Batch number/ expiry date	Immuniser (please print)	Where administered (school, college, GP etc)
First	L arm R arm			
Second	L arm R arm			

National Ethnic Category Codes

Code

A	British
B	Irish
C	Any other White background
D	White and Black Caribbean
E	White and Black African
F	White and Asian
G	Any other mixed background
H	Indian
J	Pakistani
K	Bangladeshi
L	Any other Asian background
M	Caribbean
N	African
P	Any other Black background
R	Chinese
S	Any other ethnic group
T	Patient refused
W	Irish Traveller
X	Traveller
Y	Gypsy/Romany
Z	Not stated