

Immunisation Consent Form – Human Papillomavirus (HPV)

Immunisation Team – 01274 221203

OFFICE USE ONLY.
NHS NUMBER:

We are offering your child the HPV vaccination – on the reverse is a letter with further information

Please complete this form and return it to school within 7 days

Full name of child:	Date of birth:	Sex M / F
School:	Home address:	
Child's Tutor Group:	Daytime contact telephone for parent/guardian:	

Please provide below details of any health or medical conditions your child may have, that we should be aware of:

If you have any queries or concerns, please contact the Immunisation team on 01274 221203

Consent for both doses of HPV Vaccination: I have read and understand the information about this vaccine.

NOTE: PLEASE RETURN THIS FORM EVEN IF YOU DO NOT CONSENT

<input type="checkbox"/> YES – I do consent Signature of Parent/Guardian Date	<input type="checkbox"/> NO – I do not consent Signature of Parent/Guardian Date
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If you have any compliments, concerns or complaints, please let us know. We learn from all the comments we receive and use them to improve our service. If you have a concern, please contact Patient Advice & Complaints. Call on **01274 251440** or email advice.complaints@bdct.nhs.uk

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VERBAL CONSENT:						
Name of Parent/Guardian						
Date						
Nurse taking consent						
Dose	Date vaccine administered	Site (Please circle)	Batch Number	Expiry Date	Given by (Please Sign)	Location of session
1st		Left Arm / Right Arm				
2nd		Left Arm / Right Arm				

Dear Parent/Guardian

Your child's Human Papillomavirus (HPV) vaccination is now due

As part of the UK Childhood Immunisation Schedule, we are offering the HPV vaccine to your child. The complete course consists of 2 injections which are given at least 6 months apart.

Why is it important to protect your child from this disease?

From September 2019, we are offering this vaccination to both boys and girls in school year 8, as HPV infects both males and females.

In male's, HPV can lead to anal, penile, oropharyngeal and oral cavity cancers as well as anogenital warts.

In females, it can lead to cancer of the cervix, vagina and vulva.

Evidence has shown that gender neutral vaccination is effective in preventing HPV related cervical and non-cervical cancers of both boys and girls.

Please go to the following website for more information:

<https://www.gov.uk/government/news/hpv-vaccine-to-be-given-to-boys-in-england>

On the reverse is a consent form. Please fully complete this with your child's name, and your signature and return to your child's school within 7 days.

Even if you do not want your child to receive this vaccination, please complete and return the form. This will ensure that we do not keep trying to contact you.

Information about the vaccinations will be put on your child's health record, this information will appear on your GP surgery record.

If you have any questions, please contact the Immunisation Team on the above number.

Thank you for your support and co-operation

Immunisation Team