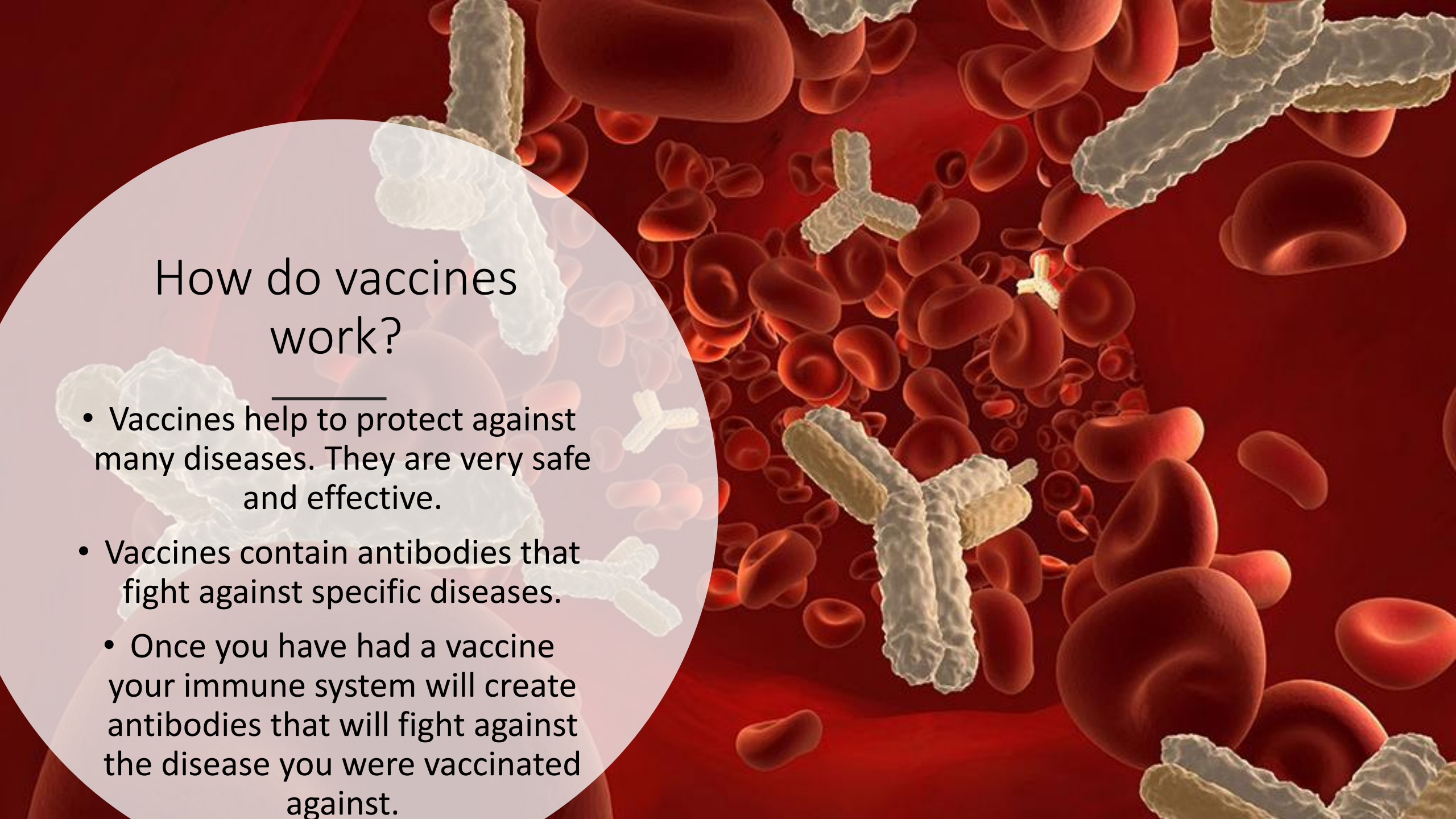


The background of the slide is a microscopic image of several HPV virus particles. These particles are spherical and have a complex, textured surface composed of many small, interconnected subunits, giving them a porous or lattice-like appearance. The color of the particles is a mix of purple and blue, with some areas appearing more reddish-purple. They are scattered across the frame, with some in sharp focus and others slightly blurred in the background.

HPV Vaccination (Human Papillomavirus)

What you need to know

A microscopic view of blood with numerous red blood cells and several Y-shaped antibodies. The antibodies are shown in a light greenish-yellow color, contrasting with the red background of the blood. Some antibodies are bound to the surface of red blood cells, while others are free in the plasma.

How do vaccines work?

- Vaccines help to protect against many diseases. They are very safe and effective.
- Vaccines contain antibodies that fight against specific diseases.
- Once you have had a vaccine your immune system will create antibodies that will fight against the disease you were vaccinated against.

HPV Vaccine

The HPV vaccine helps protect against cancers caused by HPV, including:

- cervical cancer
- some mouth and throat (head and neck) cancers
- some cancers of the anal and genital areas

It also helps protect against genital warts.

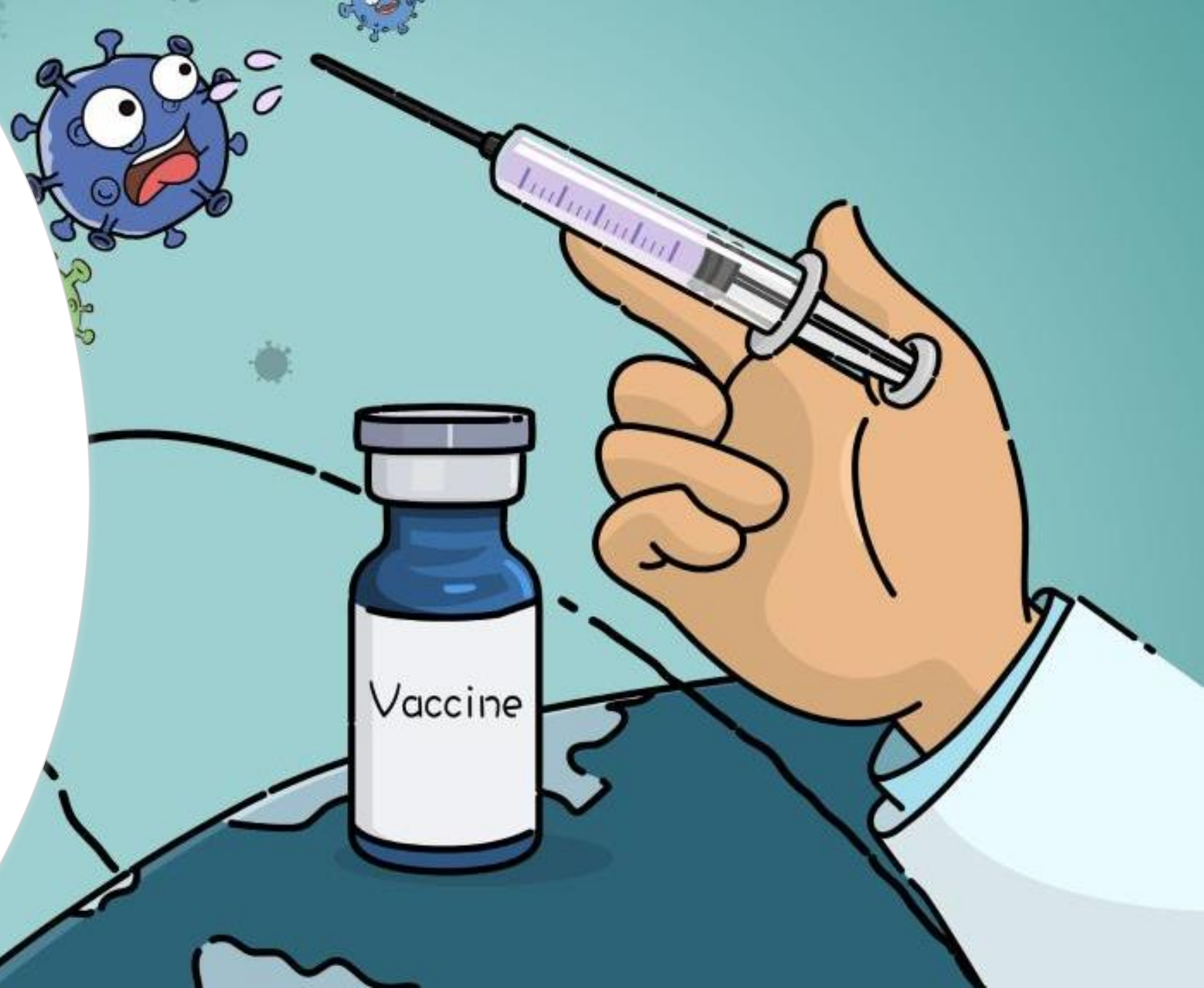


HPV Vaccine

The 1st dose of the HPV vaccine is routinely offered to girls and boys aged 12 and 13 in school year 8.

The 2nd dose is offered approximately 6 to 24 months after the 1st dose.

It is important to have both doses of the vaccine to be properly protected.



Things you must do

- Take your consent form home for your parent / carer to fill
- Return the consent form as soon as possible to your form tutor or school office

Immunisation Consent Form – Human Papillomavirus (HPV) Bradford District Care **NHS**
NHS Foundation Trust

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	<input type="checkbox"/> NO – I do not consent
Signature of Parent/Guardian	Signature of Parent/Guardian
Date	Date

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

OFFICE USE ONLY

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				

What will happen on the day of your vaccine?

- You will go to a member of the admin team who will give you your completed consent form.
- Once you have your consent form you will be seen by a nurse.
- The nurse will explain what vaccine you are having
- They will then ask questions related to your health
- The vaccine will then be given
- You will be given a record card with details of your vaccine please take this home and show it to you grown ups.
-

Please wear loose fitting / short-sleeved school shirt, or T-shirt under your shirt, to enable easy access to the top of your arm.

