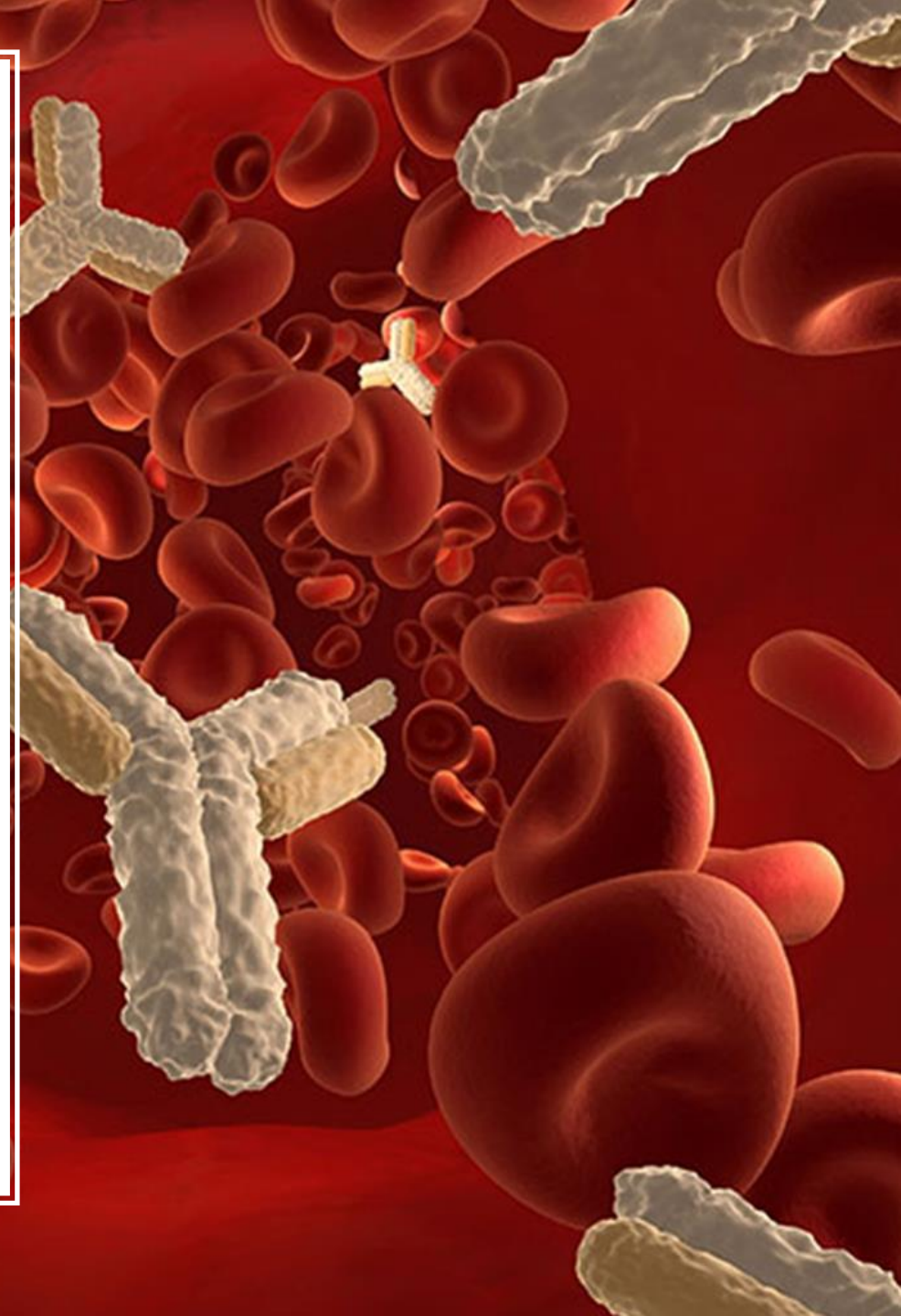


# Teenage Booster Vaccines (Diphtheria, Tetanus and Polio & Meningococcal ACWY)

**What you need to know**

# 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.**





The teenage booster vaccines consist of two vaccines which include:

- Meningococcal ACWY Vaccine
- Diphtheria, Tetanus and Polio Vaccine

You will have two injections on the day - one in each upper arm (in the **deltoid muscle**) or 2.5cm apart in the same arm

- Meningitis is an infection of the protective membranes that surround the brain and spinal cord (meninges) causing dangerous swelling. This can also lead to Septicemia (SEPSIS) which is when bacteria enters the blood stream and causes blood poisoning.

- It can result in permanent damage to the brain or nerves. It can affect anyone, but is most common in babies, young children, teenagers and young adults.

## SIGNS AND SYMPTOMS OF **MENINGITIS**



**FEVER**



**VOMITING**



**HEADACHE**



**SLEEPY**



**RASH**



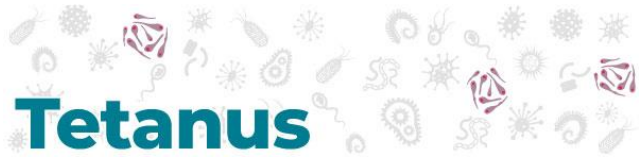
**DISLIKE  
LIGHTS**



**CONFUSION**



**SEIZURES**



The DTP vaccine protects you against Diphtheria, Tetanus and Polio which are diseases that can affect the nervous system. In severe cases, these diseases can kill.

You should have at least 5 doses of DTP in a life time:

- 3 doses as a baby
- A 4th dose before starting primary school (pre school booster)
- A final 5<sup>th</sup> dose when you are in year 9 (teenage booster)

# 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

**NHS**  
Bradford District Care  
NHS Foundation Trust

**Immunisation Consent Form – Diphtheria, Tetanus & Polio (DTP) and Meningococcal ACWY (MEN ACWY)**

OFFICE USE ONLY. NHS Number: \_\_\_\_\_

|                     |  |            |
|---------------------|--|------------|
| Full name of child: | Date of birth:                                 | Sex: M / F |
| School:             | Home address:                                  |            |
|                     | Daytime contact telephone for parent/guardian: |            |

**PLEASE COMPLETE THIS IMPORTANT INFORMATION**

|  | YES                      | NO                       |
|--|--------------------------|--------------------------|
| Does your child have any bleeding disorders or medical conditions which may affect them having this vaccine? Please provide details: | <input type="checkbox"/> | <input type="checkbox"/> |
| Has your child suffered any reactions to any previous vaccinations? Please provide details:  | <input type="checkbox"/> | <input type="checkbox"/> |

Please write in the box any injections your child has had within the last 4 weeks:

If you change your mind after submitting this consent form or have any further queries, please contact the Immunisation Team on **01274 221269**

Consent for DTP & MEN ACWY : I have read and understand the information about these vaccines.  
**NOTE: PLEASE RETURN THIS FORM EVEN IF YOU DO NOT CONSENT**

|  |   |
|--|---|
| <input type="checkbox"/> <b>Yes - I do want my child to receive these vaccinations</b><br>Signature of Parent/Guardian.....<br>Print name of Parent/Guardian.....<br>Date..... | <input type="checkbox"/> <b>No - I do not want my child to receive these vaccinations</b><br>Signature of Parent/Guardian.....<br>Print name of Parent/Guardian.....<br>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 and Complaints on 01274 251440 or email [advice.complaints@bdct.nhs.uk](mailto:advice.complaints@bdct.nhs.uk)

**OFFICE USE ONLY**

| Date vaccine administered | Given by (Name)          | Signature | Location of session      |
|---------------------------|--------------------------|-----------|--------------------------|
| Dip/Tet/Pol               | Batch Number/Expiry Date | Men ACWY  | Batch Number/Expiry Date |
|                           |                          | Left Arm  |                          |
|                           |                          | Right Arm |                          |



# What happens 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.**