

# HOW TO CONSENT FOR YOUR CHILD TO HAVE A VACCINATION

To consent for Flu Vaccination, use this link:

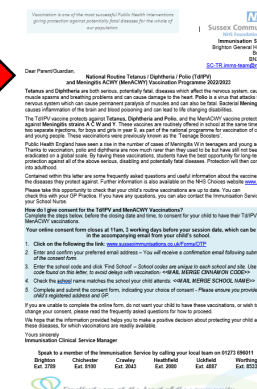
[www.susseximmunisations.co.uk/Forms/Flu](http://www.susseximmunisations.co.uk/Forms/Flu)



## THE FIRST SCREEN WILL LOOK LIKE THIS.

It will tell you at the top of the screen which consent form you have opened.

Make sure this vaccination name matches the one at the top of your parent consent letter.



Diphtheria, Tetanus & Polio (Td/IPV), Meningococcal ACWY Vaccination Consent Form

Sussex Community **NHS**  
NHS Foundation Trust

Registration

Please enter your email address and the code provided by your school. Then press 'Find School'. It is important that you enter the correct email address as future correspondence will be emailed to you about your child's vaccination.

After you have finished, if you change your mind or need to tell us about changes to your child's medical history, do not complete another consent form. Please visit [www.susseximmunisations.co.uk/Contact](http://www.susseximmunisations.co.uk/Contact) to contact the immunisation team and tell us about any changes.

Email address

Confirm email address

School code

Find School

School name

Next

You can read our fair processing policy here: [www.sussexcommunity.nhs.uk/contact-us/patient-records.htm](http://www.sussexcommunity.nhs.uk/contact-us/patient-records.htm)



# YOU WILL NEED THE PARENT CONSENT LETTER YOUR CHILDS SCHOOL SENT YOU FOR THIS SCREEN.

## Registration

Please enter your email address and the code provided by your school. Then press 'Find School'. It is important that you enter the correct email address

After you have finished, if you change your mind or need to tell us about changes to your child's medical history, do not complete another consent form

Email address

Confirm email address

School code

Find School

School name

Next

Enter your email address into both these boxes.

Enter your school code – this is on your parent consent letter in the coloured box.

Check the school name in the grey box matches the school name on your parent consent letter – this is in the coloured box.

Is the school name correct?

If **yes**, click next.

If **no**, recheck the code on the parent letter (make sure any 0's are entered as a number not a letter).

For assistance call one of the numbers on the bottom of the parent letter.

Vaccination is one of the most successful Public Health interventions giving protection against potentially fatal diseases for the whole of our population.

**NHS**  
Sussex Community  
Immunisation Service  
Brighton General Hospital  
Brighton  
BN2 3EW  
SC-TR immun@nhs.net

Dear Parent/Guardian,

**National Routine Tetanus / Diphtheria / Polio (Td/IPV) and Meningitis ACWY (MenACWY) Vaccination Programme 2022/2023**

Tetanus and Diphtheria are both serious, potentially fatal, diseases which affect the nervous system, cause muscle spasms and breathing problems and can cause damage to the heart. Polio is a virus that attacks the nervous system which can cause permanent paralysis of muscles and can also be fatal. Bacterial Meningitis causes inflammation of the brain and blood poisoning and can lead to life-changing disabilities.

The Td/IPV vaccine protects against Tetanus, Diphtheria and Polio, and the MenACWY vaccine protects against Meningitis strains A, C, W and Y. These vaccines are routinely offered in school at the same time, as two separate injections, for boys and girls in year 5, as part of the national programme for vaccination of children and young people. These vaccinations were previously known as the 'Teenage Boosters'.

Public Health England have seen a rise in the number of cases of Meningitis W in teenagers and young adults. Thanks to vaccination, polio and diphtheria are now much rarer than they used to be but have still not been eradicated on a global scale. By having these vaccinations, students have the best opportunity for long-term protection against all of the above serious, disabling and potentially fatal diseases. Protection will then continue into adulthood.

Contained within this letter are some frequently asked questions and useful information about the vaccines, and the diseases they protect against. Further information is also available on the NHS Choices website [www.nhs.uk](http://www.nhs.uk)

Please take this opportunity to check that your child's routine vaccinations are up to date. You can check this with your GP Practice. If you have any questions, you can also contact the Immunisation Service or your School Nurse.

**How do I give consent for the Td/IPV and MenACWY Vaccinations?**

Complete the steps below, before the closing date and time, to consent for your child to have their Td/IPV and MenACWY vaccinations.

Your online consent form closes at 11am, 3 working days before your session date, which can be found on the consent form.

1. Click on the following link: [www.susseximmunisations.co.uk/FormOTP](http://www.susseximmunisations.co.uk/FormOTP)
2. Enter and confirm your preferred email address – You will receive a confirmation email following submission of the consent form.
3. Enter the school code and click 'Find School' – School codes are unique to each school and site. Use the code found on this letter, to avoid delays with vaccination: «MAIL MERGE SCHOOL CODE»
4. Check the school name matches the school your child attends: «MAIL MERGE SCHOOL NAME»
5. Complete and submit the consent form, indicating your choice of consent – Please ensure you provide the child's registered address and GP.

If you are unable to complete the online form, do not wait your child to have these vaccinations, or wish to change your consent, please read the frequently asked questions for how to proceed.

We hope that the information provided helps you to make a positive decision about protecting your child against these diseases, for which vaccinations are readily available.

Yours sincerely  
Immunisation Clinical Service Manager

Speak to a member of the Immunisation Service by calling your local team on 01273 696011

|           |            |           |           |           |           |
|-----------|------------|-----------|-----------|-----------|-----------|
| Brighton  | Chichester | Crawley   | Hove      | Udfield   | Worthing  |
| Ext. 3789 | Ext. 8100  | Ext. 2043 | Ext. 2080 | Ext. 4887 | Ext. 8533 |



THE NEXT SCREEN LOOKS LIKE THIS.

IT HAS BOXES TO WRITE YOUR CHILDS NAME, DATE OF BIRTH AND GP SURGERY.

You need to write your childs first name and last name in these boxes.

Do you call your child something different at home? i.e is their name Christopher, but you call them Chris? **If yes**, write the name in this box. Leave it blank if not.

Don't worry if you don't know your childs NHS number, you can leave this box blank.

Click on the drop-down arrows, circled here in red, to help you complete the other boxes.

Tell us your childs address by writing the postcode in this box. Click the 'find your address' button

Select your childs address from the drop-down list

Click 'Next' to go to the next screen once you have completed the boxes.

Next



**THE NEXT SCREEN LOOKS LIKE THIS** (for flu, this will be after the screen on the next page)  
**IT ASKS QUESTIONS ABOUT YOUR CHILD'S MEDICAL HISTORY.**

**This information is important. If you are unsure, please check with your GP or red book.**

Click in the circle next to your answer for each question.

If you answer 'Yes' to any of the questions, this box will pop up...

You need to give more information in this box. i.e. Write the name and details of your child's medical condition.

**Medical History**

Does the child named on this form have any severe allergies?

☐ No  
☐ Yes

Does the child named on this form have any existing medical conditions?

☐ No  
☒ Yes

If Yes, please give us more information:

Does the child named on this form take any regular medication? (excluding contraceptive medication)

☐ No  
☐ Yes

Has the child named on this form received two doses of the MMR vaccine since the age of one?

☐ No  
☐ Yes

Is there anything else you think we should know about your child?

☐ No  
☐ Yes

Next

Click 'Next' to go to the next screen once you have completed the boxes.



**THIS IS THE LAST SCREEN** (for flu it is the second to last screen).  
**THE FIRST QUESTION ASKS YOU IF YOU CONSENT FOR VACCINATION.**

**Consent**

I consent to the child named on this form to receive the full HPV vaccination course:

☐ Yes  
☐ No

If No, please give us more information:

Please choose

Please choose

My child has had these vaccinations  
I do not feel that the vaccine(s) is necessary  
Due to a previous allergic reaction to the vaccine(s)  
Other

the vaccinations above. To the best of my knowledge the child named on this form has not already had the vaccinations above, for their age. I

Full Name (Parent/guardian with parental responsibility)

Write your name in this box.

Relationship to child

Please choose...

Use the drop-down list to tell us who you are. i.e. Mother.

I consent to the child named on this form Digital Health (e.g. GP) Record being available to be viewed by SCFT staff involved in their care.

☐ Yes  
☐ No

Click in the circle next to your answer.

Click 'Submit' to send us your completed form.

Submit

**WHEN YOU CLICK THE GREEN SUBMIT BUTTOM THIS PAGE WILL APPEAR.  
YOU WILL ALSO GET AN EMAIL TELLING YOU A CONSENT FORM HAS BEEN SUBMITTED  
FOR YOUR CHILD.**



Thankyou. The consent form was submitted.

If you change your mind or need to tell us about changes to your child's medical history, do not complete another consent form.  
Please visit [www.susseximmunisations.co.uk/Contact](http://www.susseximmunisations.co.uk/Contact) to contact the immunisation team and tell us about any changes.



**If you need additional support, please call us:**

**01273 696011**

**EXT.**

**Brighton – 3789**

**Crawley – 2043**

**Heathfield – 2080**

**Worthing – 8533**

**Chichester – 8100**

For more information about vaccinations please visit [www.nhs.uk/conditions/vaccinations](http://www.nhs.uk/conditions/vaccinations)

