

Horseshoe Lane
Garston, Watford
Hertfordshire
WD25 7HR

3rd June 2014

Telephone: 01923 673757

Fax: 01923 440344

Email: admin@garstonmanor.herts.sch.uk

Dear Parents / Carers,

Re: Meningitis C Vaccination Consent form

Please find attached details from NHS Herts Community regarding the booster injection for Meningitis C.

The school nurse will be attending our school to carry out these vaccinations on Friday 4th July.

Could you please complete and return the consent form by Friday 13th June, so ensuring that your child is fully covered against this disease.

If you do not want your child to be vaccinated, could you please sign and complete the form in the relevant box.

These details are also on our web site. We look forward to receiving your consent form by return.

Yours faithfully

Admin



School Nursing Team
Ware Heath Clinic
15 Bowling Road
Ware
SG12 7EF

Spring 2014

Telephone: 07789 864853

Dear Parent/Carer

Important changes to the Meningitis C vaccination programme for your teenager

Following the current advice and recommendations by the Joint Committee for Vaccination and Immunisations, we would like to inform you about an important change to the immunisation programme which will affect your teenager from 2014.

Research and careful monitoring of the vaccination programme shows that the direct protection young children get from Meningitis C vaccination is relatively short lived. This means that babies who were vaccinated in 1999/2000 will now be teenagers who are no longer directly protected from this serious illness, which means that they are vulnerable to Meningitis C.

Meningococcal disease can affect all age groups, but the rates of disease are highest in children under five years of age, with the peak incidence in those under one year of age. There is a second peak in incidence in young people aged 15 to 19 years of age.

So, even though cases of Meningitis C are at a historically low level, it is important to vaccinate this age group to protect all teenagers and maintain protection amongst the population at large.

Hertfordshire Community NHS Trust School Nursing service will be offering your teenager the Meningitis C booster. The introduction of an adolescent booster dose is given around 14 years of age. The changes to the schedule will make the overall Meningitis C immunisation programme more effective and offer greater protection to teenagers.

We hope you find the accompanying information regarding the immunisation schedule for secondary schools useful. ***Could you please complete the enclosed consent form indicating consent or non-consent and return it to school within one week of receipt.***

Please do not hesitate to contact a member of the school nursing team on the telephone number above if you have any concerns or questions about Meningitis C vaccination. Further information can also be found at www.nhs.uk/vaccinations.

Yours sincerely

Jim McManus
Director of Public Health
Hertfordshire County Council

Justin Donovan
Director of Education
and Early Intervention
Hertfordshire County Council

Caroline Allum
Medical Director
Hertfordshire Community
NHS Trust

Meningitis C Vaccination Consent Form

Meningitis C is caused by a bacterium that many of us carry harmlessly in our nose or throat, we do not fully understand why disease develops in some people and not others but, when meningitis occurs, it is particularly dangerous to young adults. The Department of Health now recommends that children aged 13-14 years are given a booster vaccination against meningitis. Recent research has shown that the protection given by meningitis vaccination in infancy can wear off before children leave school and that a booster dose of vaccine at 13-14 years offers good protection into later life.

We will hold vaccination sessions in school and would be grateful if you complete the form below indicating whether or not you wish your son or daughter to be vaccinated.

PLEASE COMPLETE THIS FORM AND RETURN TO SCHOOL

If you have any queries please contact the Public Health School Nurse for your area

Full name of child :	Date of Birth:
School attending :	____/____/____
Home address:	Parent / Legal Guardian
Postcode :	Contact Telephone Number :
NHS number (if known):	Home :
	Mobile:
	Ethnicity:
GP practice name and address:	

Important Questions

Has your child had a Meningitis vaccination in the last three years?	YES	NO	
If yes please give the date : ____/____/____ (please contact your GP if you are unsure)			
Has your child had a SEVERE reaction to a medication, vaccination or latex rubber which needed urgent hospital treatment?	YES	NO	
If yes please give details :			
Does your child have an illness or receive medicines or therapy which affects their immunity?	YES	NO	
If yes please give details :			
Is your child on any medication?	YES	NO	
If yes please give details :			

**If you are unsure of any of the above information please contact your
G.P surgery to obtain full details**

I would like my child named above to receive the Meningitis C vaccination
Parent / Legal Guardian Signature _____
Parent / Legal Guardian Name (please print) _____
Date ____/____/____

I do not want my child named above to receive the Meningitis C vaccination
Parent / Legal Guardian Signature _____
Parent / Legal Guardian Name (please print) _____
Date ____/____/____

FOR OFFICE USE ONLY

Date	Site of injection (<i>please circle</i>)		Batch number/ expiry date	Immuniser	Location
___/___/___	L arm	R arm			

Date of attempted vaccination	Reason for injection not given

Post immunisation issues / adverse reactions

Date	Details	Immuniser

NOTES