

March 2022

Tetanus, Diphtheria and Polio (Td/IPV) and Meningitis ACWY (MenACWY) Vaccinations

Dear Parent/Guardian,

Your child's routine Tetanus, Diphtheria and Polio and Meningitis ACWY vaccinations are now due. These vaccinations are given by the School-aged Immunisation Team in schools.

The two vaccinations are given together, one in each arm. Further information about these vaccinations can also be found at [Immunisations for young people - your questions answered \(publishing.service.gov.uk\)](https://www.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/101441/immunisations_for_young_people_-_your_questions_answered.pdf)

Patient Information leaflets for the vaccinations used can be found here:-

Tetanus, diphtheria and Polio - [REVAXIS suspension for injection in pre-filled syringe - Patient Information Leaflet \(PIL\) - \(emc\) \(medicines.org.uk\)](https://www.medicines.org.uk/pil/pii/4118)

Meningitis ACWY - [pil.4118.pdf \(medicines.org.uk\)](https://www.medicines.org.uk/pil/pii/4118)

To consent for your child to have the Tetanus, Diphtheria and Polio (Td/IPV) **and / or** Meningitis ACWY (MenACWY) vaccinations, please discuss the vaccinations with your child and then follow the steps below. Consent should be provided by a person with parental responsibility*.

Please inform the School-aged Immunisation Team if there are any changes to your child's health, after you have completed the consent steps. Do not inform school staff of any changes. Our contact details are on the other side of this letter.

If we do not receive a returned consent form from you and your child requests the vaccinations, their competency to consent will be assessed by an immunisation nurse and the vaccinations may be given.

We will be visiting your child's school on Tuesday 3rd May.

Please complete the steps in the box overleaf, to consent for your child to have Tetanus, Diphtheria and Polio (Td/IPV) **and / or** Meningitis ACWY (MenACWY) vaccinations.

* **Parental responsibility includes:** Mother; A father named on the birth certificate or married to the mother; Adult granted parental responsibility by the courts; Adult with delegated authority consent (given by the Local Authority when children are on a care order).

Please complete the form by 11am Friday 29th April

1. **Click on the following link:** <https://www.bwimmunisations.co.uk/Forms/DTP>
2. **Enter and confirm your preferred email address** – you will receive a confirmation email following submission of the consent form.
3. **Enter your school code: BW144799**
4. **Complete and submit the consent form**, indicating your choice of consent – Please ensure you provide the child's registered address and GP
5. **If you are unable to complete the online consent form, please contact your local immunisation team on 01925 946808**

If you do not want your child to have the vaccinations, please still complete the consent form where you will have the option to decline one or both vaccinations

We hope that the information provided helps you to make a positive decision about helping protect your child against tetanus, diphtheria, polio and Meningitis.

Yours sincerely

School-aged Immunisation team

Contact details:

Halton Borough

Bridgewater Community Healthcare
NHS Foundation Trust
The Bridges Learning Centre
7-9 Crow Wood Lane
Widnes, WA8 3NA
Tel: 0151 495 5066
Email:
BCHFT.haltonimmsteam@nhs.net

Warrington Borough

Bridgewater Community Healthcare NHS
Foundation Trust
81a Dewhurst Road
Spencer House
Birchwood
Warrington, WA3 7PG
Tel: 01925 946808
Email: BCHFT.warringtonimmsteam@nhs.net

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