



Ref: DL/EK

4th October 2021

Dear Parent/Carer,

Re: Vaccination Programme

Further to the recent news regarding the school age vaccination programme, I am writing to inform you that if you wish your child to receive the vaccine we will require your consent in order to schedule the vaccination appointments.

Enclosed with this letter is a consent form for completion and return to your child's Head of Year. The consent form must be returned no later than Friday 8th October 2021.

Please visit the following link to access the NHS England information which should answer any of your questions.

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/1018619/PHE_12073_COVID-19_schools_briefing.pdf

Yours Sincerely,

MR DAVID LANCASTER
Headteacher

Enclosed. NHS England Invitation Letter
 Consent Form |



UK Health
Security
Agency

NHS
England

1
16 September 2021

Invitation letter for parents of children aged 12 to 15 years of age

Dear Parent or Carer

COVID-19 vaccination for children aged 12 to 15 years of age

I am writing to inform you that we will soon be offering COVID-19 vaccinations in school. I would like to ask if you wish to give your consent for your child to receive a first dose of the vaccine.

This vaccination will be free of charge and our highest priority is making it easy for children to access one dose of the vaccine before the winter. We will be offering the mRNA PfizerBiontech vaccine.

The main purpose of the COVID-19 school age vaccination programme is to provide protection to the children who receive the vaccine and may help to reduce transmission of COVID-19 in the wider population.

During the vaccination delivery we will maintain the range of measures we have in place to keep you safe from COVID-19.

Once we have your consent, we will schedule the vaccination appointment.

Please indicate your decision on consent by returning the attached form to a member of school staff. Please return the form indicating either YES or NO, it is important we have as many forms returned as possible.

By consenting you will be helping to play your part in reducing the risk of COVID-19 spreading.

Best wishes,

0-19 Universal Childrens Services.
Salford Royal Foundation Trust

If you have any questions call **0161 206 3819** or email IMMS.team5-19@srft.nhs.uk

Information about COVID-19 vaccines is available at: www.nhs.uk/conditions/coronavirus-covid-19/coronavirus-vaccination/coronavirus-vaccine.



COVID 19



Vaccination consent form for children and young people

The COVID-19 vaccine is being offered to your child. Your child will receive their first COVID-19 vaccine and you may be notified about the second dose later. The leaflet sent with this form includes more information about the vaccines currently in use. Please discuss the vaccination with your child, then complete this form before it is due. Information about the vaccinations will be put on your child's health records.

Child's full name (first name and surname):	Date of birth:
Home address:	Daytime contact telephone number for parent/carer:
NHS number (if known):	Ethnicity:
School (if relevant):	Year group/class:
GP name and address:	

About your child	Yes	No
Is the child aware they will be receiving the mRNA Covid 19 vaccine?		
Is your child currently fit and well and not showing any symptoms for Covid 19?		
Has your child had a positive PCR test for Covid 19 in the last 4 weeks?		
Has your child had any other vaccines or injections including the Covid 19 vaccine, OR the Nasal Flu Vaccine (LAIV) within the last 7 days? If you are unsure, please contact your GP to confirm.		
Has your child had any previous reactions to any medications or vaccinations? If yes, please provide details:		
Does your child have any medical conditions, or are they receiving any treatment from hospital and/or the GP? If yes, please give details here:		
Does your child have any allergies: if so please specify?		
Has the child had an unexplained anaphylactic reaction?		
Does your child take any medications/tablets/inhalers/prescribed creams? If yes please give details here:		
Does your child take any anticoagulation medication, or do they have a bleeding disorder?		
Has your child been involved in the trial of the Covid vaccine?		
Could your child possibly be pregnant?		

Consent for COVID-19 vaccination (Please complete one box only)

I want my child to receive the COVID-19 vaccination	I do not want my child to have the COVID-19 vaccine
Signature: Parent/Guardian	Signature: Parent/Guardian
Parents Name:	Parents Name:
Date:	Date:
Tick or cross in the box if you DO want your child to have the vaccination <input type="checkbox"/>	Tick or cross in the box if you DO NOT want your child to have the vaccination <input type="checkbox"/>

Screening questions to be completed by the NURSE administering the immunisation.

Are all of the details on the form correct?	Y	N	Do any reasonable adjustments need to be made for the young person?	Y	N
Will the child receive immunisation today?	Y	N	Have you asked all the questions overleaf with the young person	Y	N
If deferred give reasons:					
Name of Young person				DOB	
Individual is excluded or declines vaccination <input type="checkbox"/>	The risk to the individual of not being immunised must be considered. Where appropriate, such individuals should be referred to a specialist-led clinic for assessment of clinical risk. Document reason for exclusion and action taken				
Individual to be vaccinated <input type="checkbox"/>	Proceed to administration				

I authorise for the above named individual to receive the following vaccination:

Name of vaccination:	Comirnaty® COVID-19 mRNA Vaccine				
First dose:	<input type="checkbox"/>	Second dose	<input type="checkbox"/>		
Strength of vaccination:	30 micrograms	Frequency:	Single dose to be repeated once, between 4 and 12 weeks later <i>Note the SPC recommends second dose is given 3 weeks after the first. In line with the JCVI recommendation, dose intervals have been extended as there is evidence of better immune response. This is outside the product license.</i>		
Dose:	0.3ml (30 micrograms)	Route of administration:	Intramuscular (IM) Injection		

Name of Assessing Nurse:		Signature		Date	
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Dose made up by: (insert name)	
Dose drawn up by: (insert name)	

Vaccine Batch Number:		Vaccine expiry date:	
Date administered:		Time of administration:	
Site of administration:	Right upper arm <input type="checkbox"/>	Left upper arm <input type="checkbox"/>	
Name of vaccine administrator:		Signature of Vaccine administrator	