

December 2023

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.

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

[A guide to immunisation for young people \(publishing.service.gov.uk\)](https://publishing.service.gov.uk)

[Teenage 3 in 1 booster - Td/IPV \(publishing.service.gov.uk\)](https://publishing.service.gov.uk)

[Protect yourself against meningitis and septicaemia - Have the MenACWY vaccine \(publishing.service.gov.uk\)](https://publishing.service.gov.uk)

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 overleaf. Consent should be provided by a person with parental responsibility*. If you do not want your child to have these vaccinations, please still complete the consent form where you will have the option to decline the vaccinations. Please note: If you do not indicate whether you want your child to be vaccinated or not and your child requests the vaccinations, it may be appropriate for your child to give their own consent. For a child to give their own consent, the immunisation nurse will assess your child's competency to consent considering what having the vaccination involves, their understanding of the benefits of receiving the vaccination and the risks of not having it.

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.

We will be visiting your child's school on **20/03/24 & 27/03/24**.

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 two working days before the session.

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**

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

* **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).