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Sussex Community
NHS Foundation Trust

HOW TO CONSENT FOR YOUR CHILD TO HAVE THE TETANUS/DIPHTHERIA/POLIO (Td/IPV) AND MENINGITIS ACWY (MenACWY) VACCINATIONS

To consent for the Td/IPV & MenACWY Vaccinations, use this link:

www.sussexim munisations.co.uk/Forms/DTP

Or

Scan the QR code to go straight to the Td/IPV & MenACWY vaccination consent form:

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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.

Diptheria, 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.sussexcommunications.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

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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 addres

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 forn

Email address

Confirm email address

Enter your email address into both these boxes.

School code

SX123789

Find School

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

School name

School is now closed. Please contact the immunisation team.

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

Next

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 NHS Foundation Trust

Immunisation Service
Brighton General Hospital
Brighton
BN2 3EW
SC-TR.imms-team@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 9, 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

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 in the accompanying email from your child's school.

1. **Click on the following the link:** www.sussexImmunisations.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 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 CINNAMON 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 want 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	Heathfield	Uckfield	Worthing
Ext. 5789	Ext. 8100	Ext. 2043	Ext. 2080	Ext. 4887	Ext. 8533

Excellent care at the heart of the community

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).

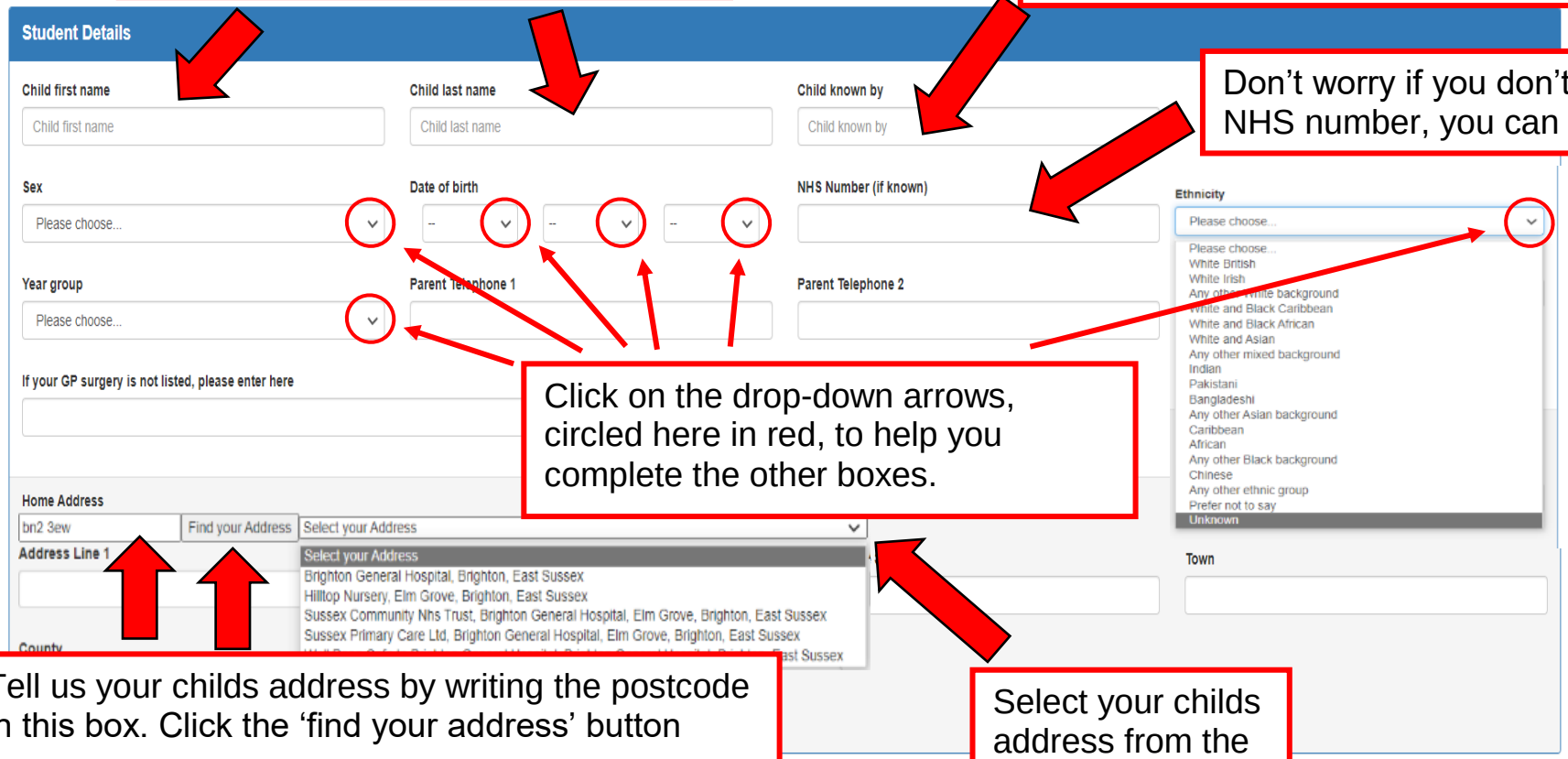
For assistance call one of the numbers on the bottom of the parent letter.

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

Next

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

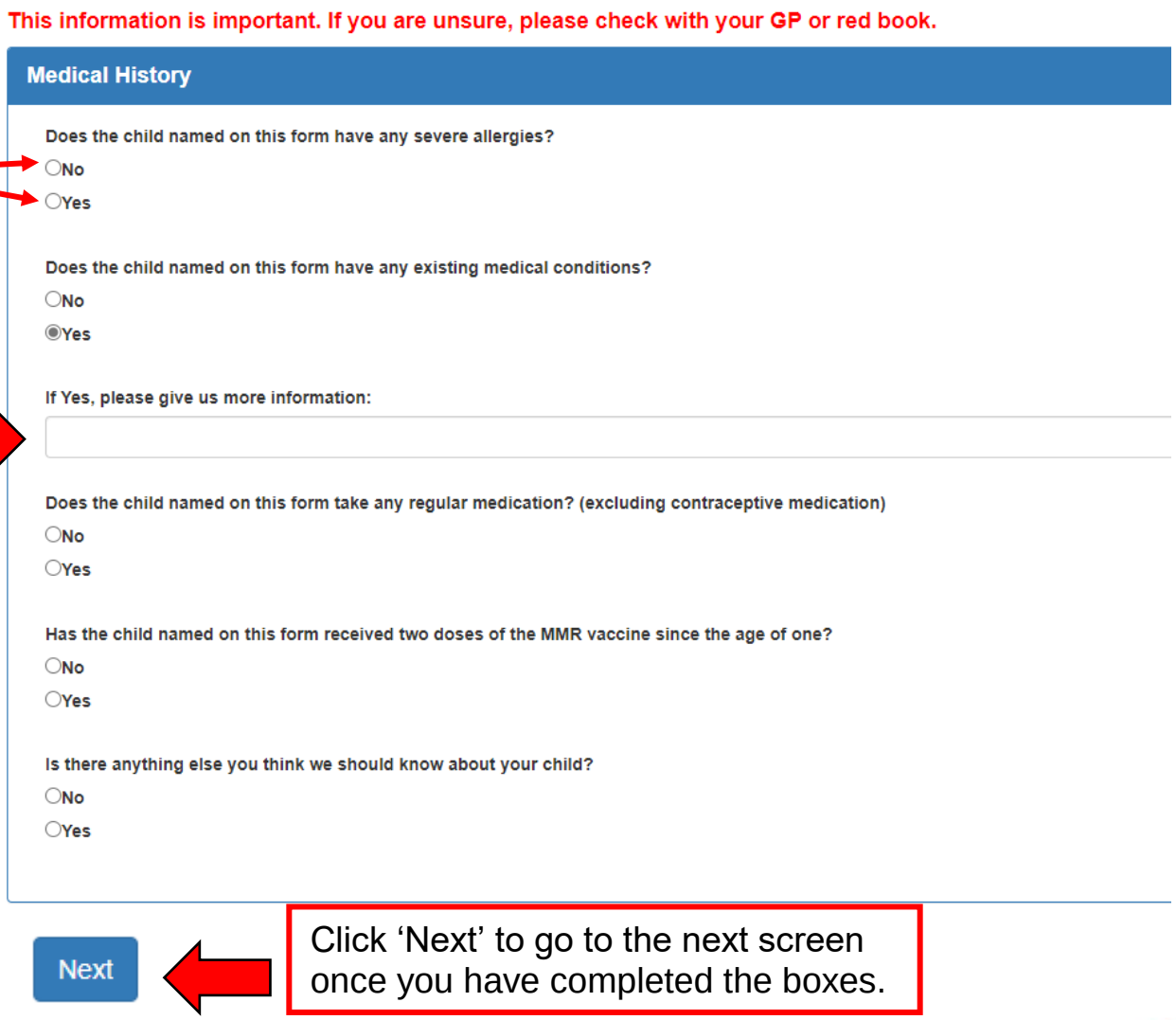
THE NEXT SCREEN LOOKS LIKE THIS (for flu, this will be after the screen on the next page)

IT ASKS QUESTIONS ABOUT YOUR CHILD'S MEDICAL HISTORY.

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…

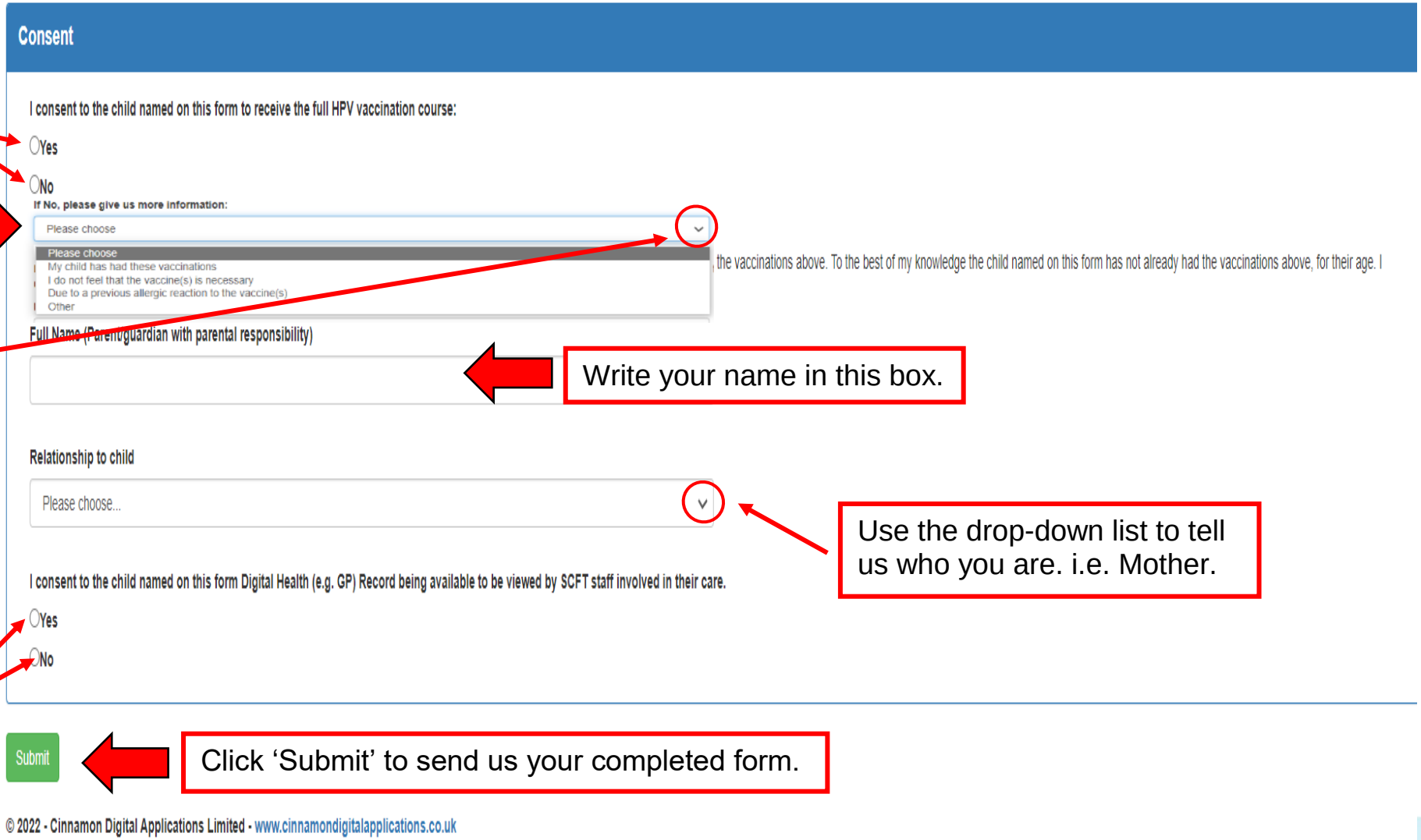
You need to give more information in this box. i.e. Write the name and details of your childs medical condition.



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.



Click in the circle next to your answer.

If you select 'No' this box will appear

Use the drop-down list to pick a reason.

Write your name in this box.

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

Click in the circle next to your answer.

Click 'Submit' to send us your completed form.

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.

Sussex Community NHS
NHS Foundation Trust

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 to contact the immunisation team and tell us about any changes.

For more information about vaccinations please visit www.nhs.uk/conditions/vaccinations

If you need additional support, please call us:

01273 696011

EXT.

Brighton – 3789

Chichester – 8100

Crawley – 2043

Heathfield – 2080

Uckfield - 4931

Worthing – 8533