

NHS Foundation Trust

Immunisation Team

Unit 3 Highpoint Business Village Henwood Industrial Estate Ashford Kent TN24 8DH

Phone: 0300 123 5205

Email:kchft.cyp-immunisationteam@nhs.net

Date:

Dear Parent/Carer of

School Name:

Year 9 and 10 Diphtheria, Tetanus and Polio (Td/IPV), Meningococcal ACWY (Men **ACWY) Vaccinations**

The Immunisation Team would like to invite your son/daughter to receive the school leavers' Td/IPV and Men ACWY vaccinations.

Please complete the online consent form by going to: https://www.kentcht.nhs.uk/imms and selecting the consent form for Men ACWY, Diphtheria, Tetanus and Polio.

Alternatively, if you do not have access to the internet please contact the Immunisation Team, details above, to request a consent form be sent to you in the post. Please ensure the form is completed and returned to us within one week of receipt. Failure to do so may result in a delay in your child receiving this vaccine.

Please note that a young person can consent to an immunisation if they are deemed competent to do so. Further information about consent can be found at: www.nhs.uk/chq/pages/900.aspx

It is recommended that you and the young person read the information on the Td/IPV and Men ACWY vaccinations which can be found at:

http://www.nhs.uk/Conditions/vaccinations/Pages/3-in-1-teenage-booster.aspx http://www.nhs.uk/Conditions/vaccinations/Pages/men-acwy-vaccine.aspx

You can also contact a member of the Immunisation Team on the phone number given at the top of this letter.

Yours sincerely

Immunisation Team

Td/IPV - Men ACWY V2 P1 082016

