

Brookfield Community School

A Specialist Sports College

Chatsworth Road, CHESTERFIELD, Derbyshire, S40 3NS
Phone: 01246 568115 Fax No: 01246 566827
E Mail: enquiries@brookfield.derbyshire.sch.uk
Website: www.brookfield.derbyshire.sch.uk
Headteacher: Mr S Edmonds



Our Ref: SE/acw

20 March 2017

Dear Parent

Vaccinations for Human Papillomavirus (HPV)

The School Age Immunisation Service (SAIS) for Derbyshire will be in school on **Tuesday 18 July 2017** to offer all Year 8 and Year 9 girls the HPV vaccine.

The HPV vaccine protects against the two types of human papillomavirus that cause most case (over 70%) of cervical cancer.

If you have any questions regarding this immunisation that is not answered on the attached consent form please contact the SAIS on 01283 707170. Information can also be found at www.nhs.uk/hpv

Please return the consent forms to the **main reception** at school by **Friday 31 March 2017**.

Yours sincerely

Mr S Edmonds
Headteacher

Enc Consent form





Human papillomavirus (HPV) Vaccination consent form

The HPV vaccine that protects against cervical cancer is being offered to your daughter at her school. To get the best protection, it is important that she receives two injections. The second injection will be offered 12 to 24 months after the first. You will be informed of the specific timing of the second dose via the Immunisation team or school. The link below includes more information about the vaccine. Please discuss this with your daughter, then complete this form and return it to the school within one week. Information about the vaccinations will be put on your daughter's health records, including records at her GP surgery. If you have more questions, please contact the School age Immunisations Service on 01283 707170. For further information go to <http://www.nhs.uk/hpv>

Girl'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:	Year group/class:
GP name and address:	

Your daughter will receive her first HPV vaccine in Year 8 and second dose in year 9 unless out of routine schedule.

Consent for two HPV vaccinations (Please complete **one** box only)

I **want** my daughter to receive the full course of two HPV vaccinations

Name

Signature
Parent/Guardian/Student

Date

I **do not want** my daughter to have the HPV vaccine

Name

Signature
Parent/Guardian/Student

Date

If, after discussion, you and your daughter decide that you do not want her to have the vaccine, it would be helpful if you would give the reasons for this on the back of this form (and return to the school).

Any side effects following the HPV vaccination should be reported to the Immunisation Team or your GP

Thank you for completing this form. Please return it to the school within one week.

OFFICE USE ONLY

Date of HPV vaccination	Site of injection (please circle)		Batch number/ expiry date	Immuniser (print and sign)	Where administered (school, Clinic)
First	L arm	R arm			
Second	L arm	R arm			