

Dear Parents,

The School Aged Immunisation team will shortly be offering the Meningitis ACWY and Tetanus, Diphtheria and Polio vaccinations in schools for Year 9. Please refer to the link below for the parent leaflet which contains further medical information.

[Immunisations for young people - your questions answered \(publishing.service.gov.uk\)](https://publishing.service.gov.uk)

This is the fifth (2nd booster) and final vaccination following the Pre-school Booster (1st booster) for Tetanus, Diphtheria and Polio which completes that course. If you know your child has received this fifth dose (2nd booster) since attending secondary school, please do not consent. Please see link for further information.

[3-in-1 teenage booster FAQs - NHS \(www.nhs.uk\)](https://www.nhs.uk)

Prior to completing the online econsent, if you are unsure of your child's Meningitis ACWY and Tetanus, Diphtheria and Polio vaccination history, please contact your GP/or access NHS App for your child/ren to check as this is required in the process.

This year we will be using an online consent form which we hope you'll find easier to use. Please find the link below.

<https://links.inhealthcare.co.uk/solent-iow-tdm>

If this does not open, please copy hyperlink and paste the link above into your internet browser address bar.

Completing Inhealthcare E-consent

- Once you click START you will then be prompted for the Unique School LEA Code which is **140485**. Once you enter this, the school name will show, please ensure this shows your child's correct school (if it is incorrect, please check it has been entered correctly and contact school if any issues)
- Enter child's details
- Option to consent to each vaccination (Meningitis ACWY/Tetanus, Diphtheria, Polio)
- Enter your personal details
- Supply your email address (you will be sent a verification code to confirm your email address, so please ensure you have access to your emails. Please check your junk folder once submitted, in case they are filtered to junk/spam). You are then required to enter your verification code from your email to continue with the consent process.
- Enter any additional contacts
- Complete health screening questions (see FAQ below for any queries around these)
- Review form
- Submit
- Screen shows 'thank you for completing'
- If you have more than one child to complete consent for, there is an option on this screen to start another child's consent.

Solent NHS Trust Headquarters, Adelaide Health Centre, William Macleod Way, Millbrook, Southampton SO16 4XE
Telephone: 023 8060 8900 Fax: 023 8053 8740 Website: www.solent.nhs.uk

Please also complete the online form even if you do not want your child to receive the vaccine. **PLEASE ONLY SUBMIT ONE FORM PER CHILD.** If you are unsure if you have completed one, please check your emails for the 'thank you' and 'booked in session' emails from Inhealthcare.

If at any time you wish to change your consent, you will be required to inform your child's School before the date of the school session.

Submission for school session on **03/03/22** must be completed by **28/02/22**. You can still submit consent after this time using the link above, you will be emailed a link to book for your child to have the immunisation a clinic appointment. (Please check your junk folder for communications from Inhealthcare). If your child is absent or does not receive immunisation on the day, you will also receive this email with the link to book an alternative appointment.

If you have any questions at all, or if you are unable to complete the online consent form, please contact the School Aged Immunisation Team on:
snhs.schoolagedimmunisations-iow@nhs.net

With best wishes,
School Aged Immunisation Team

E-Consent questions guidance

What is a LEA code?

- **Local Education Authority code identifies the school.**

Does your child have a condition or is receiving treatment that severely affects their immune system?

- **E.g. Undergoing chemo, on antiviral treatment.**

Does your child have a diagnosed bleeding disorder confirmed by a medical professional?

- **E.g. Confirmed diagnoses from GP/hospital doctor.**

Has your child had a severe reaction to the following antibiotics (Neomycin, Streptomycin or polymyxin B).

- **E.g. Only one of these 3 antibiotics. This are not the usual prescribed antibiotics**

Has your child ever had a severe reaction to previous immunisations?

- **E.g. Requiring hospital treatment. (Not including fainting).**

Is your child allergic to any ingredients in the vaccination? (Ingredients listed on the consent form)

- **E.g. confirmed allergic reactions.**

Does your child have additional needs that might affect their vaccination?

- **The team are regularly working with children who have additional needs and are happy to provide a level of support, time and encouragement that suits their need.**