

Dear Parents,

The School Aged Immunisation team will shortly be returning into schools offering the Human Papilloma (HPV) vaccinations for Year 9. **The HPV vaccination is a 2-dose course. The 1<sup>st</sup> dose is delivered in School Year 8 and the 2<sup>nd</sup> dose is delivered 12 months later in School Year 9.**

Please read the leaflet enclosed which will provide you with further medical information about the virus and the vaccination. Further information can be found on

<https://www.nhs.uk/hpv>

[The universal HPV immunisation programme \(publishing.service.gov.uk\)](https://www.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/614442/Universal-HPV-immunisation-programme-leaflet.pdf)

If your child **received HPV 1<sup>st</sup> dose in year 8**, you are not required to take any action as we already have your consent form. If you are unsure, please check your child's NHS app.

If your child has **not received HPV 1<sup>st</sup> dose** and you would like to consent now, please find the link below as we are using online consent for all of our immunisation programmes.

Please find the link below...

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

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

#### **Completing Inhealthcare online 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 the vaccination (HPV)
- 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.

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 **05/05/22** must be completed by **02/05/22**. 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. You do not need to complete another consent form.*

Once you have completed the online consent form, 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 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](mailto:snhs.schoolagedimmunisations-iow@nhs.net)

With best wishes,

**School Aged Immunisation Team**

**For more information visit our website [School Aged Immunisation Team | Solent](#)**

### **Online E-Consent questions guidance**

**What is a LEA code?**

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

**Has your child received any doses of the HPV vaccine elsewhere?**

- ***e.g. at the GP or a school outside the area***

**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 a diagnosed bleeding disorder confirmed by a medical professional?**

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

**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.***