

**School Aged Immunisation Service**

Adelaide Health Centre  
William Macleod Way  
Millbrook  
Southampton  
SO16 4XE

Tel: 0300 123 5074  
www.solent.nhs.uk

Dear Parents/carers,

The School Aged Immunisation Service offers both the Meningitis ACWY and Tetanus, Diphtheria and Polio (Td/IPV) vaccinations to young people aged 13 – 14 years old (School Year 9).

Please refer to the link below for the parent leaflet which contains further information. [Immunisations for young people - main leaflet - Health Publications](#). Further information is also available here <https://www.nhs.uk/conditions/vaccinations/3-in-1-booster-questions-answers/>

This is the fifth and final vaccination (2<sup>nd</sup> booster) following on from the Pre-school Booster for Tetanus, Diphtheria and Polio, and booster for MenACWY which completes this course. If your child has already had one of these vaccines you can choose the vaccine they have not yet had on the consent form.

**If you know your child has received both the 2<sup>nd</sup> booster and MenACWY dose since attending secondary school, you do not need to complete the consent form.**

**Prior to completing the online E consent, 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.**

We use an online E-Consent from InHealthcare for all our immunisation programmes. To give consent to the vaccinations or to opt your child out please use the link below or QR code.

Your child's school code is **140485**

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



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

**Please check Junk Mail folders as emails from the consent system may end up here.**

**ONLY SUBMIT ONE FORM PER CHILD.** If you are unsure that you have completed a form, please check your emails for communication from Inhealthcare or contact the School Age Immunisation Service.

**If at any time you wish to change your consent, you will be required to contact our service to inform us and also inform your child's school before the date of the school session. Please ensure that your child is aware that consent has changed.**

The vaccination session in your child's school is on **22/02/23**. The consent form must be completed by **17/02/23** for your child to have the vaccine at the school session.

If this date has passed you can still complete the consent form and you will have the option to book into one of our community clinics. If your child is absent or is unable to have the vaccine on the day you will receive an email to book an alternative appointment.

If you have any questions or if you are unable to complete the online E-consent form, please contact the School Aged Immunisation Service:

Email: [snhs.schoolagedimmunisations-iow@nhs.net](mailto:snhs.schoolagedimmunisations-iow@nhs.net)

Telephone: [0300 123 5074](tel:03001235074)

With best wishes,

**School Aged Immunisation Service**

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

### **Frequently Asked questions**

**Q: What is a LEA code?**

**A: The LEA is the Local Education Authority code which identifies the school.**

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

**A: This would be treatment such as chemotherapy or on antiviral treatment.**

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

**A: Confirmed diagnoses from GP/hospital doctor of a condition where the blood does not clot quickly.**

**Q: Has your child had a severe reaction to the following antibiotics; Neomycin, Streptomycin or polymyxin B.**

**A: Only these 3 antibiotics, these are not commonly prescribed antibiotics.**

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

**A: This is a reaction that required hospital or emergency treatment such as anaphylaxis. Fainting is not included in this.**

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

**A: These are confirmed allergic reactions or undergoing testing for a reaction to any of the ingredients in the vaccine.**

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

**A: 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 needs.**