NHS NW London Vaccination Team

15 Marylebone Road

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NWL vaccination team

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**RE: Getting your child vaccinated before Christmas**

**Dear Parents and Carers**

Over the beginning part of this term we have visited all schools in NW London and have vaccinated over 30,000 children.

However, you will be aware that infection rates for COVID-19 still continue to rise including infection rates in schools and whilst many children in NWL have been vaccinated there are still many who are unvaccinated.

We know that the vaccine is still the most effective way to provide protection against COVID-19 and therefore we want to ensure that every child has the opportunity to take up the offer of the vaccination especially before the Christmas break.

Therefore, if your child has not yet received a COVID-19 vaccination, we would encourage you to complete the attached consent form and return it to your school as soon as possible in order that the vaccination team can schedule a visit to your school before the end of this term.

The vaccination team will start to re-visit schools from Monday 22nd November and they will endeavour to complete this next phase of the programme by 19th December.

If your child is not within any of the at risk groups and they have already received a 1st vaccination, then they will not need another vaccination at this stage and thus there is no need to return a consent form.

**Please note:** *We are unable to vaccinate any child within 12 weeks of having COVID-19. Therefore, if your child has had COVID then please indicate this on the consent form below along with the date when the isolation period ended and we will then ensure that we vaccinate them in line with current guidance*.

In addition to the schools based programme there are other ways in which you can get your child vaccinated outside of the school environment. To find your local community vaccination centre you can log onto the **National Booking Service** <https://www.nhs.uk/conditions/coronavirus-covid-19/coronavirus-vaccination/book-coronavirus-vaccination/> and this will provide information on sites nearest to your location.

A leaflet explaining the vaccine for children and answers to any questions can be found at:

<https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/1023484/UKHSA_12073_COVID-19_Guide_for_all_CYP_12_to_17_leaflet.pdf>

**Please get the vaccine to stay protected during the holidays and help your child to keep well and attending school regularly.**

Yours sincerely

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**CONSENT FORM –**



The COVID-19 vaccine is being offered to your child. Your child will receive their first COVID-19 vaccine and you may be notified about the second dose later. Further information can be found on the DfE website:

<https://www.gov.uk/government/publications/covid-19-vaccination-resources-for-children-and-young-people>Please discuss the vaccination with your child, then complete this form by:

Information about the vaccinations will be put on your child’s health records.

|  |  |
| --- | --- |
| Child’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 (if relevant): | Year group/class: |
| GP name and address: |

**Ask ALL patients ALL questions below and tick if any apply**

**EXCLUSION CHECKLIST – tick any that apply**

* **Has your child tested positive for COVID-19 in the** **last 12 weeks (by a lateral flow test or a PCR test)? If so, please provide the date on which your child tested positive:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**
* **Has the individual experienced major venous and/or arterial thrombosis occurring with thrombocytopenia following vaccination with any COVID-19 vaccine?**
* **Has the individual had any vaccination in the last 7 days?**
* **Is the individual currently unwell with fever?**
* **Does the individual have an allergy to any medications?**
* **Has the individual ever had an anaphylactic reaction?**
* **Does the individual take any regular mediation if so what? Please list:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**
* **Does the individual have a history of heparin-induced thrombocytopenia and thrombosis (HITT or HIT type 2)?**
* **Does the individual have a history of capillary leak syndrome?**
* **None of the above**

**CAUTION CHECKLIST – tick any that apply**

* **Has the individual indicated they are, or could be pregnant?**
* **Has the individual informed you they are currently or have been in a trial of a potential coronavirus vaccine?**
* **Is the individual taking anticoagulant medication, or do they have a bleeding disorder?**
* **Does the individual currently have any symptoms of Covid-19 infection?**
* **None of the above**

|  |  |  |
| --- | --- | --- |
| I **want** my child to receive the COVID-19 vaccination |  | I **do not want** my child to have the COVID-19 vaccine |
| Name:  | Name: |
| Signature:Parent/Guardian | Signature:Parent/Guardian |
| Date: | Date: |