



W: [cypf.berkshirehealthcare.nhs.uk/immunisation-service](https://cypf.berkshirehealthcare.nhs.uk/immunisation-service)

Dear Parent/Carer

### **HPV (Human Papillomavirus) immunisation.**

The Berkshire Immunisation Service will be visiting your child's school to offer the HPV (Human Papillomavirus) vaccination to young people aged 12 – 13 years old (School Year 8).

We will be visiting your child's school **Sandhurst School** on **Tue 30/04/2024**.

### **Consent for Vaccinations**

Please complete the electronic consent form (one for each child) via

<https://www.berkshireimmunisations.co.uk/Forms/HPV> and insert your school's unique code: **BK110068**

This form should be submitted by 9am, one full school day before your session to ensure your child receives their vaccinations. If you experience any problems accessing the form, please telephone 0300 365 0077 and the team will be happy to help you.

Please be aware that it is possible for a young person to seek to self-consent on the day which can override your decision. [Green book chapter 2 Consent \(publishing.service.gov.uk\)](https://www.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/67111/green-book-chapter-2-consent.pdf)

We record vaccine refusals from both young people and parents to ensure their health records are up-to-date and to identify any concerns that are highlighted. If you decide that you do not wish for your child to be vaccinated, please select no consent, giving the reason. This will help us plan and improve the service.

We ask for your child's NHS number on all consent forms, which allows their immunisation to be recorded on their GP records. Their NHS number can be requested here: [Find your NHS number - NHS \(www.nhs.uk\)](https://www.nhs.uk/your-nhs-number)

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

**If at any time you wish to change your consent**, you will be required to contact us by emailing [withdrawconsentimms@berkshire.nhs.uk](mailto:withdrawconsentimms@berkshire.nhs.uk) (with your child's name, date of birth and school), to inform us and your child's school before the date of the school session. Please ensure that your child is aware that consent

has changed. **Please also send a letter in with your child on the day of the school session containing the above information.**

For more information on this vaccine please visit the link below.

<https://www.gov.uk/government/publications/hpv-vaccine-vaccination-guide-leaflet/information-on-the-hpv-vaccination-from-september-2023>.

Further information is also available here:

[https://assets.publishing.service.gov.uk/media/6495be62de86820013bc8d69/UKHSA\\_12609\\_Easy\\_Read\\_HP\\_V\\_vaccine\\_information\\_04\\_WEB.pdf](https://assets.publishing.service.gov.uk/media/6495be62de86820013bc8d69/UKHSA_12609_Easy_Read_HP_V_vaccine_information_04_WEB.pdf)

**Is your child up to date with their routine childhood vaccinations?** Please contact us using the details above if your child is outstanding any vaccinations.

Vaccination saves lives and is the most important thing we can do to protect ourselves and our children against ill health.

Kind regards,

**The Berkshire Immunisation Team**

