

25 January 2022

Dear Parent/Carer

COVID-19 vaccinations - 12 to 18 year olds

If your child is having a first or second dose of the COVID-19 vaccination when the NHS Roving Vaccination Team comes into school on **Thursday 27th and Friday 28th January**, please read on as this letter contains important information for you and your child.

If your child is not going to be vaccinated, you do not need to read this letter.

The NHS have today informed us that they will only accept a paper copy of the consent form. This is attached to the bottom of this letter. You will need to print it out, fill it in and sign it. If you do not have access to a printer, we will be providing printed copies for collection in Student Services or Reception.

We apologise for the inconvenience caused and appreciate your frustration.

Please note that we have been informed by the vaccination team that they will be unable to vaccinate your child in school unless they have this paper consent form with them on the day.

If your child misses the vaccinations in school on 27th or 28th January, 12 to 15-year-olds can now be vaccinated at the Winston Churchill Theatre site and Stockley Park (Howletts Pharmacy). Appointments can be booked via the [national booking service](#). More information (including about walk-in centres in Hillingdon) can be found [here](#). The Vaccine Hub at Hillingdon Hospital is open 8am-8pm seven days a week and you can book a slot using the national booking app or just walk in. Manor View Practice, Bushey and Watford, Hertfordshire, have also set up a vaccination clinic for 12-15 year olds (their email: covidvaccination.mvp@nhs.net).

Yours sincerely



Mr N Cahill
Assistant Headteacher

Information about COVID-19 vaccines is available at: www.nhs.uk/conditions/coronavirus-covid-19/coronavirus-vaccination/coronavirus-vaccine.

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CONSENT FORM



COVID 19



Vaccination consent form for children and young people

The COVID-19 vaccine is being offered to your child either as a 1st or 2nd dose. If your child has already received a 1st dose then you will need to use this form for your child's 2nd dose. If your child has not yet received their 1st dose then you can also use this form to provide consent.

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):	Child's Date of birth:
Home address:	Daytime contact telephone number for parent/carer:
NHS number (if known):	Ethnicity:
School (if relevant): Vyners School, Warren Road, Ickenham, Hillingdon, UB10 8AB	Year group/tutorial (e.g. 9H):
GP name and address:	

Answer ALL questions below

EXCLUSION CHECKLIST – delete as appropriate

- **Has your child tested positive for COVID-19 in the last 12 weeks (by a lateral flow test or a PCR test)?** YES / NO
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?** YES / NO
- **Has the individual had any vaccination in the last 7 days?** YES / NO
- **Is the individual currently unwell with fever?** YES / NO
- **Does the individual have an allergy to any medications?** YES / NO
- **Has the individual ever had an anaphylactic reaction?** YES / NO
- **Does the individual take any regular medication?** YES / NO
If so what? Please list:

- **Does the individual have a history of heparin-induced thrombocytopenia and thrombosis (HITT or HIT type 2)?** YES / NO
- **Does the individual have a history of capillary leak syndrome?** YES / NO
- **None of the above**

CAUTION CHECKLIST – tick any that apply

- Has the individual indicated they are, or could be pregnant? YES / NO
- Has the individual informed you they are currently or have been in a trial of a potential coronavirus vaccine? YES / NO
- Is the individual taking anticoagulant medication, or do they have a bleeding disorder? YES / NO
- Does the individual currently have any symptoms of Covid-19 infection? YES/NO
- None of the above

Consent for COVID-19 vaccination (Please complete **one** box only)

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

If after discussion, you and your child decide that you do not want them to have the vaccine, it would be helpful if you would give the reasons for this on the back of this form.

Ask for the [What to expect after your COVID-19 vaccination leaflet](https://www.gov.uk/government/publications/covid-19-vaccination-resources-for-children-and-young-people) at [gov.uk/government/publications/covid-19-vaccination-resources-for-children-and-young-people](https://www.gov.uk/government/publications/covid-19-vaccination-resources-for-children-and-young-people). It will tell you about the side effects and how to report them to the Yellowcard scheme at yellowcard.mhra.gov.uk.

OFFICE USE ONLY					
Date of COVID-19 vaccination	Site of injection (please circle)		Batch number/ expiry date	Immuniser (please print)	Where administered (hub, PCN, GP etc)
First	L arm	R arm			
Second	L arm	R arm			