

Dear Parent or Guardian

## Beating Cervical Cancer

### **The HPV vaccine is offered to girls in school year 8**

The human papillomavirus (HPV) vaccine that protects against cervical cancer is available for all girls born between 1st September 2003 and before 31 August 2004 (in School Year 8). By having this vaccination, your daughter will be protected against the commonest cause of cervical cancer for many years to come.

This vaccination programme against cervical cancer gives us the opportunity to help prevent a very serious disease, which affects over 3000 women every year in the UK and causes over 1000 deaths.

With this letter are a consent form and a leaflet about the vaccination. If you would like more details, you can order or download a Q and A information sheet that should answer any queries you might have once you have read the leaflet. This is available on [www.nhs.uk/hpv](http://www.nhs.uk/hpv), where you can also find a scientific factsheet on the virus, the disease and the vaccine, as well as links to other useful websites. You can also talk to the Immunisation Co-ordinator (on the details below), School Nurse, your GP or Practice Nurse.

We hope that the information provided addresses any concerns you or your daughter might have about the HPV vaccination and that you will both feel confident; that by having the HPV vaccine she will be protecting herself and others from very serious diseases, later in life.

**Please return the consent form to school within the next seven days.**

Yours sincerely,

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Immunisation Co-ordinator Humber NHS FT

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Human papillomavirus (HPV)

# Vaccination consent form



The HPV vaccine that protects against cervical cancer is being offered to your daughter at her school. The leaflet that accompanies this form tells you and your daughter about the HPV vaccine. To get the best protection, it is important that she receives two injections. The second injection will be offered six to 12 months after the first (although it can be given up to 24 months after). Please discuss this with your daughter, then complete this form and return it to the school before the vaccination is due to be given. Information about the vaccinations will be put on your daughter's health records, including records at her GP's surgery and held by the NHS. If you have more questions, please contact the school nurse or other health professional. For further information go to <http://www.nhs.uk/hpv>

Girl's full name ( <i>first name and surname</i> ):	Date of Birth:
Home address:	Daytime contact telephone number for parent/carer:
NHS number ( <i>if known</i> ):	Ethnicity:
School:	Year group/class:
GP name and address:	

## Consent for two HPV vaccinations *(Please complete **one** box only)*

<b>I want</b> my daughter to receive the full course of two HPV vaccinations
Name
Signature Parent/Guardian
Date

<b>I do not want</b> my daughter to have the HPV vaccine
Name
Signature Parent/Guardian
Date

If, after discussion, you and your daughter decide that you do not want her to have the vaccine, it would be helpful if you would give the reasons for this on the back of this form (*and return to the school*).

**Any side effects following the HPV vaccination should be reported to the school nurse or your GP**

Thank you for completing this form. Please return it to the school as soon as possible

### OFFICE USE ONLY

Information on the Vaccination including possible side effects discussed with the pupil.

Please tick

Date and time of HPV vaccination	Site of injection ( <i>please circle</i> )		Batch number/ expiry date	Immuniser ( <i>please print</i> )	Where administered ( <i>school, college, GP etc</i> )
First	L arm	R arm			
Second	L arm	R arm			