

December 2024

Human Papillomavirus (HPV) Vaccination Programme

Dear Parent/Guardian,

We are offering the HPV vaccine to boys and girls in **Year 8** as part of the national school-aged vaccination programme.

The HPV vaccination programme can help to protect young people against some types of HPV related cancers.

To consent for your child to have the HPV vaccine please follow the steps outlined in this letter. Consent should be provided by a person with parental responsibility.

If you do not want your child to have the HPV vaccination, please still complete the consent form where you will have the option to decline the vaccination.

Important: If you do not indicate whether you want your child to be vaccinated or not and your child requests the vaccination, it may be appropriate for your child to give their own consent. For a child to give their own consent, the immunisation nurse will assess your child's competency to consent considering what having the vaccination involves, their understanding of the benefits of receiving the vaccination and the risks of not having it.

Please inform us if there are any changes to your child's health, after you have completed the consent steps. Do not inform school staff of any changes. Our contact details are on this letter.

For more information regarding the HPV vaccination programme and benefits of vaccination please read the following:

[The universal HPV immunisation programme \(publishing.service.gov.uk\)](https://publishing.service.gov.uk)

[Why vaccination is safe and important - NHS \(www.nhs.uk\)](https://www.nhs.uk)

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*For information about how we look after your personal information please read our Privacy Notice on our website at www.bridgewater.nhs.uk.



We will be visiting your child's school to offer HPV vaccination on **09/01/2025 & 16/01/2025**.

Please complete the steps below, to consent for your child to have the HPV vaccination.

Please complete the form by 11am on two working days before the session

1. **Click on the following link:** www.bwimmunisations.co.uk/Forms/HPV
2. **Enter and confirm your preferred email address** – you will receive a confirmation email following submission of the consent form.
3. **Enter your school code: BW138732**
4. **Complete and submit the consent form**, indicating your choice of consent – Please ensure you provide the child's registered address and GP
5. **If you are unable to complete the online consent form, please contact your local immunisation team (details below).**

Further information about the school-aged immunisation team can be found on our Bridgewater NHS website, using this address: www.tiny.cc/imm. You can also visit the website by scanning the QR code below with your smartphone or tablet.

Our dedicated website includes information about:

- The different school-aged vaccination programmes we deliver
- Patient information leaflets for the vaccines we use
- Updates to any planned delivery schedule we need to change at your child's school



Thank you for taking the time to read this important information. If you have any questions, please contact your local school-aged immunisation team.

Yours sincerely

School-aged Immunisation Team

Halton Borough

Tel: 0151 495 5066

Email:

BCHFT.haltonimmsteam@nhs.net

Warrington Borough

Tel: 01925 946808

Email:

BCHFT.warringtonimmsteam@nhs.net

* **Parental responsibility includes** mother; a father named on the birth certificate or married to the mother; adult granted parental responsibility by the courts; adult with delegated authority consent (given by the Local Authority when children are on a care order).

