

HOW TO CONSENT FOR YOUR CHILD TO HAVE THE HPV (HUMAN PAPILLOMAVIRUS) VACCINATION

To consent for both doses of the HPV vaccination, use this link:

www.susseximmunisations.co.uk/Forms/HPV

Or

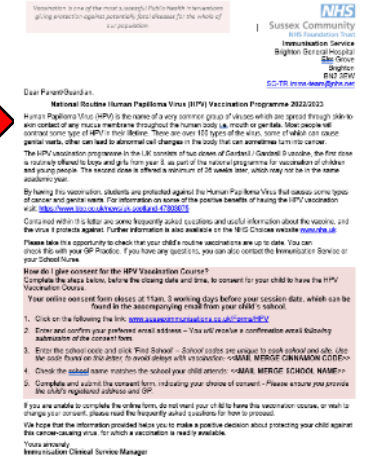
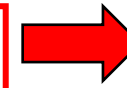
Scan the QR code to go straight to the HPV vaccination consent form:



THE FIRST SCREEN WILL LOOK LIKE THIS.

It will tell you at the top of the screen which consent form you have opened.

Make sure this vaccination name matches the one at the top of your parent consent letter.



Human Papilloma Virus (HPV) Vaccination Consent Form

Registration

Please enter your email address and the code provided by your school. Then press 'Find School'. It is important that you enter the correct email address as future correspondence will be emailed to you about your child's vaccination.

After you have finished, if you change your mind or need to tell us about changes to your child's medical history, do not complete another consent form. Please visit www.susseximmunisations.co.uk/Contact to contact the immunisation team and tell us about any changes.

Email address

Confirm email address

School code

School name

Next

You can read our fair processing policy here: www.sussexcommunity.nhs.uk/contact-us/patient-records.htm

YOU WILL NEED THE PARENT CONSENT LETTER YOUR CHILD'S SCHOOL SENT YOU FOR THIS SCREEN.

Registration

Please enter your email address and the code provided by your school. Then press 'Find School'. It is important that you enter the correct email address

After you have finished, if you change your mind or need to tell us about changes to your child's medical history, do not complete another consent form

Email address

Confirm email address

School code

Find School

School name

School is now closed. Please contact the immunisation team.

Next

Enter your email address into both these boxes.

Enter your school code – this is on your parent consent letter in the coloured box.

Check the school name in the grey box matches the school name on your parent consent letter – this is in the coloured box.

Is the school name correct?

If **yes**, click next.

If **no**, recheck the code on the parent letter (make sure any 0's are entered as a number not a letter).

For assistance call one of the numbers on the bottom of the parent letter.

Immunisation is one of the most successful public health interventions giving protection against potentially fatal diseases for the whole of our population

Sussex Community NHS Foundation Trust
Immunisation Service
Brighton Sussex Hospital
Brighton
BN1 9QY
01323 392200
01323 392200

Dear Parent/Carer

National Routine Human Papilloma Virus (HPV) Vaccination Programme 2022/2023

Human Papilloma Virus (HPV) is the name of a very common group of viruses which are spread through skin-to-skin contact of any mucous membrane throughout the human body (ie, mouth or genital). Most people will contract some type of HPV in their lifetime. There are over 100 types of the virus, some of which can cause genital warts, other can lead to abnormal cell changes in the body that can sometimes turn into cancer.

The HPV vaccination programme in the UK consists of two doses of Cervarix / Gardasil 9 vaccine. The first dose is routinely offered to boys and girls from year 8, as part of the national programme for vaccination of children and young people. The second dose is offered a minimum of 26 weeks later, which may not be in the same academic year.

By having this vaccination, students are protected against the Human Papilloma Virus that causes some types of cancer and genital warts. For information on some of the positive benefits of having the HPV vaccination visit <https://www.nhs.uk/healthcare-professionals/immunisation/HPV-vaccination>

Additional information is also available on the NHS Choices website www.nhs.uk

Please take an opportunity to check that your child's routine vaccinations are up to date. You can check this with your GP Practice. If you have any questions, you can also contact the Immunisation Service or your School Nurse.

How do I give consent for the HPV Vaccination Course?

Complete the steps below, before the closing date and time, to consent for your child to have the HPV Vaccination Course:

- Your online consent form closes at 11am, 3 working days before your session date, which can be found in the accompanying email from your child's school.
- Click on the following link: www.sussex-trust.nhs.uk/immunisation/
- Enter and confirm your preferred email address - You will receive a confirmation email (including submission of the consent form).
- Enter the school name and tick 'Find School' - School codes are unique to each school and also also we will merge on this letter, to avoid delays with our database. <MAIL_MERGE_SCHOOL_CODE>
- Check the school name matches the school your child attends: <MAIL_MERGE_SCHOOL_NAME>
- Complete and submit the consent form, indicating your choice of consent - Please ensure you provide the child's registered address and GP.

If you are unable to complete the online form, do not worry your child to have the vaccination course, or wish to change your consent, please read the frequently asked questions for how to proceed.

We hope that the information provided helps you to make a positive decision about protecting your child against the cancer-causing virus, for which a vaccination is now available.

Yours sincerely,
Immunisation Clinical Service Manager

Speak to a member of the Immunisation Service by calling your local team on 01323 896911

Brighton	Chichester	Crawley	Haverhill	Horsham
Ext. 5789	Ext. 5199	Ext. 2843	Ext. 2050	Ext. 4887
				Ext. 8023

Excellent care at the heart of the community

THE NEXT SCREEN LOOKS LIKE THIS.

IT HAS BOXES TO WRITE YOUR CHILDS NAME, DATE OF BIRTH AND GP SURGERY.

You need to write your childs first name and last name in these boxes.

Do you call your child something different at home? i.e is their name Christopher, but you call them Chris? **If yes**, write the name in this box. Leave it blank if not.

Don't worry if you don't know your childs NHS number, you can leave this box blank.

Click on the drop-down arrows, circled here in red, to help you complete the other boxes.

Tell us your child's address by writing the postcode in this box. Click the 'find your address' button

Select your child's address from the drop-down list

Click 'Next' to go to the next screen once you have completed the boxes.



**THE NEXT SCREEN LOOKS LIKE THIS (for flu, this will be after the screen on the next page)
IT ASKS QUESTIONS ABOUT YOUR CHILD'S MEDICAL HISTORY.**

This information is important. If you are unsure, please check with your GP or red book.

Click in the circle next to your answer for each question.

If you answer 'Yes' to any of the questions, this box will pop up...

You need to give more information in this box. i.e. Write the name and details of your child's medical condition.

Medical History

Does the child named on this form have any severe allergies?

No
 Yes

Does the child named on this form have any existing medical conditions?

No
 Yes

If Yes, please give us more information:

Does the child named on this form take any regular medication? (excluding contraceptive medication)

No
 Yes

Has the child named on this form received two doses of the MMR vaccine since the age of one?

No
 Yes

Is there anything else you think we should know about your child?

No
 Yes

Next

Click 'Next' to go to the next screen once you have completed the boxes.



THIS IS THE LAST SCREEN (for flu it is the second to last screen).
THE FIRST QUESTION ASKS YOU IF YOU CONSENT FOR VACCINATION.

Click in the circle next to your answer.

If you select 'No' this box will appear

Use the drop-down list to pick a reason.

Click in the circle next to your answer.

Consent

I consent to the child named on this form to receive the full HPV vaccination course:

Yes
 No

If No, please give us more information:

Please choose

My child has had these vaccinations
I do not feel that the vaccine(s) is necessary
Due to a previous allergic reaction to the vaccine(s)
Other

Full Name (Parent/guardian with parental responsibility)

Relationship to child

Please choose...

I consent to the child named on this form Digital Health (e.g. GP) Record being available to be viewed by SCFT staff involved in their care.

Yes
 No

Write your name in this box.

Use the drop-down list to tell us who you are. i.e. Mother.

Click 'Submit' to send us your completed form.

**WHEN YOU CLICK THE GREEN SUBMIT BUTTOM THIS PAGE WILL APPEAR.
YOU WILL ALSO GET AN EMAIL TELLING YOU A CONSENT FORM HAS BEEN SUBMITTED
FOR YOUR CHILD.**



Thankyou. The consent form was submitted.

If you change your mind or need to tell us about changes to your child's medical history, do not complete another consent form.
Please visit www.susseximmunisations.co.uk/Contact to contact the immunisation team and tell us about any changes.



If you need additional support, please call us:

01273 696011

EXT.

**Brighton – 3789
Chichester – 8100
Crawley – 2043
Heathfield – 2080
Uckfield - 4887
Worthing – 8533**

For more information about vaccinations please visit www.nhs.uk/conditions/vaccinations

