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Deputy Headteacher: Miss J Scattergood (BEd)

24<sup>th</sup> April 2018

Dear Parent/Carer,

**Human Papillomavirus Vaccinations (HPV) – Wednesday 18<sup>th</sup> July 2018**

I am writing to inform you that the Derbyshire Community Health Services will be offering all Year 8 and 9 **female** students the Human Papillomavirus vaccination (HPV). Please note that this vaccination consists of two doses, the first in Year 8 and the second in Year 9 and will no longer be offered routinely at your GP surgery.

The Immunisation Team will be in The Ripley Academy on Wednesday 18<sup>th</sup> July 2018 to complete the vaccinations for all female students.

In order for your daughter to receive these vaccinations you must complete the consent form and return this to via your child to the Student Support reception by **Monday 30<sup>th</sup> April 2018**.

The consent form must be completed and returned, even if you do **not** consent to the vaccination.

For any medical queries please contact the School Age Immunisation Team on 01283 707170 not The Ripley Academy. Further information can also be found on line at <http://www.nhs.uk/hpv>.

Thank you in advance for your support with this important matter.

Yours sincerely,

Miss J Scattergood  
Deputy Headteacher

The Ripley Academy, Peasehill, Ripley, Derbyshire, DE5 3JQ.



## Human papillomavirus (HPV) Vaccination consent form

The HPV vaccine that protects against cervical cancer is being offered to your daughter at her school. To get the best protection, it is important that she receives two injections. The second injection will be offered 12 to 24 months after the first. You will be informed of the specific timing of the second dose via the Immunisation team or school. The link below includes more information about the vaccine. Please discuss this with your daughter, then complete this form and return it to the school within one week. Information about the vaccinations will be put on your daughter's health records, including records at her GP surgery. If you have more questions, please contact the School age Immunisations Service on 01283 707170. For further information go to <http://www.nhs.uk/hpv>

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

Your daughter will receive her first HPV vaccine in Year 8 and second dose in year 9 unless out of routine schedule.

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

<p><b>I want</b> my daughter to receive the full course of two HPV vaccinations</p> <p>Name</p> <p>Signature Parent/Guardian/Student</p> <p>Date</p>	<p><b>I do not want</b> my daughter to have the HPV vaccine</p> <p>Name</p> <p>Signature Parent/Guardian/Student</p> <p>Date</p>
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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 Immunisation Team or your GP**

**Thank you for completing this form. Please return it to the school within one week.**

OFFICE USE ONLY					
Date of HPV vaccination	Site of injection (please circle)		Batch number/ expiry date	Immuniser (print and sign)	Where administered (school, Clinic)
First	L arm	R arm			
Second	L arm	R arm			

**YOUNG PEOPLE ARE ABLE TO SELF-CONSENT IF DEEMED COMPETENT.**