



December 2024

Dear Parent/Carer

**Year 8 HPV Vaccination – CHILTERN EDGE**

**Main session date:** 10/02/2025

**Catch-up date:** 25/03/2025

**Students in Year 8** will be offered their HPV Vaccination in school on the date above. We will return to school to vaccinate any child for whom we have consent and who missed the Main Session on the Catch-up date above.

These vaccinations are given by a team of health care professionals who will come to your child's school. Please be aware that this date may be subject to change due to circumstances outside of our control. In this event, please be assured that we will work with your child's school to ensure your child still receives this important vaccination.

For information about this important vaccine please read the Information leaflet [here](#).

**Whether you wish for your child to have their HPV vaccine or you don't please complete the Consent Form** at least one school day before the session. After this date you will find the online system will not work, for example if the session is on a Monday, you will be unable to submit a Consent Form after 08:30 on the previous Friday morning. The system will reopen the day after the school session to enable a form to be registered and we will vaccinate your child on the Catch-up date above.

Please note, if you believe your child may have already received this vaccination, please check with the local Child Health Information Service on 0300 561 1851 or contact your GP in the usual way **BEFORE** submitting your consent form.

If you have any questions, please don't hesitate to contact us at [immunisationteam@oxfordhealth.nhs.uk](mailto:immunisationteam@oxfordhealth.nhs.uk).

Yours faithfully,

Rachael Conlan  
County Team Lead,  
School Aged Immunisation Service  
Oxford Health NHS Foundation Trust



## **HPV VACCINATION CONSENT FORM**

To access the Consent Form please click on the following link

<https://www.oxfordhealthimms.co.uk/Forms/HPV>

You will need the unique code for your child's school, which is: **OX146103**

Community clinics will be available across the county if your child has not been vaccinated in either of the school sessions listed overleaf. Please go to our website for further information.

### **Important information**

#### **Team Contact details**

Email [immunisationteam@oxfordhealth.nhs.uk](mailto:immunisationteam@oxfordhealth.nhs.uk)  
Tel. no 07920 254 400.  
Website [www.oxfordhealth.nhs.uk/imms/](http://www.oxfordhealth.nhs.uk/imms/)

Help to complete the Consent Form is available.

**Information leaflet** Please read the leaflet available [here](#) which explains the vaccination programme. If you require a hard copy, please contact the Immunisation Team Office. This leaflet is also available in the following languages: -

[Albanian](#), [Arabic](#), [Bengali](#), [BrazilianPortuguese](#), [Bulgarian](#), [Chinese\(Simplified\)](#), [Chinese\(Traditional\)](#), [Spanish](#), [Estonian](#), [Farsi](#), [Fijian](#), [Greek](#), [Gujarati](#), [Hindi](#), [KurdishSorani](#), [Latvian](#), [Lithuanian](#), [Nepali](#), [Panjabi](#), [Pashto](#), [Polish](#), [Romany](#), [Romanian](#), [Russian](#), [Somali](#), [Tagalog](#), [Turkish](#), [Twi](#), [Tigrinya](#), [Ukrainian](#), [Urdu](#), [Yiddish](#), and [Yoruba](#).

Accessible versions are also available to order and download: [audio](#), [BSL](#), [Braille](#), [easy read](#), and [large print](#).

**Declining the offer of HPV vaccination** If you do not want your child to receive the HPV Vaccination, please complete and submit the consent form, refusing the vaccination. If you submit a Consent Form refusing the vaccination we will not contact you again regarding this vaccination until the next academic year when you will be given a further opportunity to Consent.

**Withdrawing Consent** If, after submitting the consent form you, no longer wish your child to be vaccinated, please email [withdrawconsentSAIS@oxfordhealth.nhs.uk](mailto:withdrawconsentSAIS@oxfordhealth.nhs.uk) at least one full school day before the vaccination session **and** on the day of the vaccination session provide a written note to your child's School Reception for the urgent attention of the Immunisation Team. Please state in the letter and in email subject heading, your child's school, name, year group and date of birth.



**Changes to medical information** If you, need to inform us of any medical changes since completing the Consent Form please email us at [immunisationteam@oxfordhealth.nhs.uk](mailto:immunisationteam@oxfordhealth.nhs.uk) please include your child's name, school, year group and date of birth.

**UK Vaccination Schedule** Please check to ensure your child has received all the vaccinations they are eligible for including two doses of MMR. If your child has not received two does of MMR please contact us to arrange for these to be given. [Complete routine immunisation schedule from 1 September 2024 - GOV.UK](#)

**Information for Students** Information will also be sent via school to your child regarding this vaccination, how to prepare and what to expect.

**Needle phobia study** A research team at the University of Oxford are exploring whether a new virtual reality therapy can help young people overcome a fear of needles. They are looking for young people aged 12-15 (inclusive) with needle fears to take part in this study. Everyone who takes part will have the chance to try the virtual reality therapy. There is a limit on the number of people who can take part. If you are interested in finding out more, please get in touch with Dr Eve Twivy (Email: [needlefear@psy.ox.ac.uk](mailto:needlefear@psy.ox.ac.uk) or Phone: 07823 809582). Please note this Study is independent of the School Aged Immunisation Service and your child may therefore be vaccinated on the date(s) indicated. Your child's vaccine does not need to be delayed for them to be eligible for this Study.

**We welcome your feedback on what we do well or how you feel we could improve.**

Please follow this [link](https://www.iwantgreatcare.org/trusts/oxford-health-nhs-foundation-trust) <https://www.iwantgreatcare.org/trusts/oxford-health-nhs-foundation-trust>

to `I Want Great care` and let us know.

Please use code 5180

You can also view feedback from other parent/carers [here](https://www.iwantgreatcare.org/hospitals/community-services-oxford-health-nhs-foundation-trust?wardname=School%20Aged%20Immunisation%20Service%20#reviews) <https://www.iwantgreatcare.org/hospitals/community-services-oxford-health-nhs-foundation-trust?wardname=School%20Aged%20Immunisation%20Service%20#reviews>

Use your experiences to help improve our services. To find out more about how, email [GetInvolved@oxfordhealth.nhs.uk](mailto:GetInvolved@oxfordhealth.nhs.uk)