NHS NW London Vaccination Team
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Dear Parents and Carers

Getting the family vaccinated during the February half-term in North West London.

NHS NW London are inviting families to come forward and be vaccinated against COVID-19 this half term.

Half term is an opportunity to vaccinate the whole family, aged 12 and over, at a time convenient for you.

Covid is still all around and vaccination provides our best protection against serious illness. If you or members of your family are still waiting to get your first dose, or you are due your next dose (please see vaccination schedule below for when you become eligible), then this is a great opportunity to get the whole family protected.

Children aged 12 years and over

You can find a list of vaccination sites across North West London for those aged 12 and above on our website along with links to information about the vaccine: www.nwlondonccg.nhs.uk/coronavirus/vaccine-centres

Consent Form: If you are able, please sign the consent form in advance and bring it with you to save time, even if you have already previously done so. If you are unable to print the consent form you will be able to pick one up at the vaccination centre.

Please note: *We are unable to vaccinate any child within 12 weeks of having COVID-19. Therefore, if your child has had COVID then please indicate this on the consent form accompanying this letter along with the date when the isolation period ended and we will then ensure that we vaccinate them in line with current guidance.*

If you have any queries please contact the Immunisation Team, email above.

NWL Vaccination Team

COVID-19 vaccination - what can you get? **NHS**

IF YOU ARE...	YOU CAN GET...
• Aged 16+	• Two doses, at least eight weeks apart • Booster from three months (91 days) after second dose
• Aged 12+ and were severely immunosuppressed at the time of early doses	• Two doses, at least eight weeks apart • Third primary dose, typically eight weeks after second dose (timing may vary and should be discussed with a clinician – if you're eligible you can get this dose by visiting a vaccination site of your choice, and presenting a letter from your doctor confirming you're eligible) • Booster dose from three months (91 days) after third dose
• Aged 12-15 with a health condition that puts you at higher risk from COVID-19, or you are a household contact of someone who is immunosuppressed	• Two doses, at least eight weeks apart • Booster from three months (91 days) after second dose
• Aged 12-15 and you are not in any of the above groups	• Two doses, at least 12 weeks apart # • Booster dose under review
• Aged 5-11 with a health condition that puts you at higher risk from COVID-19, or you are a household contact of someone who is immunosuppressed	• Two doses, at least eight weeks apart • Booster dose under review

Vaccination gives you and those around you the best protection against COVID-19. If you are eligible, please come forward for your vaccination now. Visit www.nhs.uk/covid-vaccination or call 119 for the latest information, to make a booking or find a convenient local walk-in service.

Due to Omicron infections rates children can now be vaccinated at 8 weeks from 1st dose

CONSENT FORM

COVID 19

Vaccination consent form for children and young people

NHS

The COVID-19 vaccine is being offered to your child either as a 1ˢᵗ or 2ⁿᵈ dose (or a booster if eligible – please see eligibility schedule above). If your child has already received a 1ˢᵗ dose then you will need to use this form for your child's next dose.

Please note: *We are unable to vaccinate any child within 12 weeks of having COVID-19. Therefore, if your child has had COVID at any time during the last 12 weeks then they will not be eligible for a vaccination until this time period has elapsed*.

Further information can be found on the DfE website:
https://www.gov.uk/government/publications/covid-19-vaccination-resources-for-children-and-young-people
Please discuss the vaccination with your child, then complete this form:
Information about the vaccinations will be put on your child's health records.

Child'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 (if relevant):	Year group/class:
GP name and address:	

Ask ALL patients ALL questions below and tick if any apply

EXCLUSION CHECKLIST – tick any that apply

☐ **Has your child tested positive for COVID-19 in the last 12 weeks (by a lateral flow test or a PCR test)? If so, please provide the date on which your child tested positive:_____**

☐ **Has the individual experienced major venous and/or arterial thrombosis occurring with thrombocytopenia following vaccination with any COVID-19 vaccine?**

☐ **Has the individual had any vaccination in the last 7 days?**

☐ **Is the individual currently unwell with fever?**

☐ **Does the individual have an allergy to any medications?**

☐ **Has the individual ever had an anaphylactic reaction?**

☐ **Does the individual take any regular mediation if so what? Please list:_____**

☐ **Does the individual have a history of heparin-induced thrombocytopenia and thrombosis (HITT or HIT type 2)?**

☐ **Does the individual have a history of capillary leak syndrome?**

☐ **None of the above**

CAUTION CHECKLIST – tick any that apply

☐ **Has the individual indicated they are, or could be pregnant?**

☐ **Has the individual informed you they are currently or have been in a trial of a potential coronavirus vaccine?**

☐ **Is the individual taking anticoagulant medication, or do they have a bleeding disorder?**

☐ **Does the individual currently have any symptoms of Covid-19 infection?**

☐ **None of the above**

I **want** my child to receive the COVID-19 vaccination	I **do not want** my child to have the COVID-19 vaccine
Name:	Name:
Signature: Parent/Guardian	Signature: Parent/Guardian
Date:	Date:

If after discussion, you and your child decide that you do not want them to have the vaccine, it would be helpful if you would give the reasons for this on the back of this form.

Ask for the What to expect after your COVID-19 vaccination leaflet at gov.uk/government/publications/covid-19-vaccination-resources-for-children-and-young-people. It will tell you about the side effects and how to report them to the Yellowcard scheme at yellowcard.mhra.gov.uk.

OFFICE USE ONLY				
Date of COVID-19 vaccination	Site of injection (please circle)	Batch number/ expiry date	Immuniser (please print)	Where administered (hub, PCN, GP etc)
First	**L** arm **R** arm			
Second	**L** arm **R** arm			