

20<sup>th</sup> October 2021

Dear parents/carers

I am writing with an update on the Covid vaccination process undertaken by the NHS that we are hosting at Uxbridge High School.

Following a successful process yesterday where our consenting KS4 students who were present in school were vaccinated, we have been advised that the team are unable to return to UHS today to complete the vaccinations for students in Years 7, 8 and 9 who had received consent.

This has inconvenienced the school, parents and students. However, the NHS North West London team has advised us that they will attend on Monday 8<sup>th</sup> November. In addition, they have advised that they will be operating clinics during the October half term at the locations listed below:

**Monday 25<sup>th</sup> October between 9am and 5pm at Oak Wood Secondary School, Sutton Court Road, Uxbridge UB10 9HT**

**Wednesday 27<sup>th</sup> October between 9am and 2pm at Barra Hall Children's Centre, Wood End Green Road, Hayes, UB3 2SA**

The information says that there is no need for you to book a slot, you can simply turn up and walk in on the day. However, the NHS has asked that you:

- **Provide consent:** they will need parents or legal guardians to sign the attached consent form and take it with them, even if consent has already been previously provided. If you are unable to print the consent form in advance, a copy will be available at the clinic.
- **Ensure that your child is accompanied on the day of the clinic:** please ensure that your child is accompanied by a parent or legal guardian, ideally by whoever has signed the consent form.

Even if your child has a vaccine allocated at UHS, you can if you wish attend one of the clinics above. If your child does receive a vaccine during half term and you have already consented to them receiving one in school, it would be helpful if you could let the school know by emailing [office@uhs.org.uk](mailto:office@uhs.org.uk) so that their name can be removed from our list for 8<sup>th</sup> November.

In addition to the clinics running during half term, we have been advised that you may be invited by your GP to vaccination clinics they are running and media coverage suggests that the national booking system will shortly open for 12-15 year olds. It is your choice where to go, but please remember that 12-15 year olds will only receive one dose of the vaccine.

**If you have any queries regarding the contents of this letter, please do not contact the school directly. All queries should be forwarded to the NWL vaccination team on [nhsnwccq.c-19.vac.group@nhs.net](mailto:nhsnwccq.c-19.vac.group@nhs.net).**

Yours faithfully



**N B Clemens  
Principal**

Principal: Nigel Clemens BSc, MA

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## CONSENT FORM – PLEASE COMPLETE & TAKE WITH YOU TO VACCINATION CENTRE



COVID 19



### Vaccination consent form for children and young people

The COVID-19 vaccine is being offered to your child. Your child will receive their first COVID-19 vaccine and you may be notified about the second dose later. 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 by: 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 28 days (by a lateral flow test or a PCR test)?
- 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?
- Has the individual ever had any serious allergic reaction to any ingredients of the Covid-19 vaccines, drug or other vaccine?
- Has the individual ever had an unexplained anaphylaxis reaction?
- 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](https://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](https://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			