

NHS NW London Vaccination Team  
15 Marylebone Road  
London NW1 5JD

NWL vaccination team  
[nhsnwccg.c-19.vac.group@nhs.net](mailto:nhsnwccg.c-19.vac.group@nhs.net)

**RE: Offer of further opportunities to take up the COVID-19 Vaccination for 12-15 year olds**

**Dear Parents and Carers**

Covid vaccinations are now taking place for 12-15 year olds across North West London including at your child's school. All 12-15 year olds are being offered one dose of covid vaccine.

We are aware that there are some children who were unable to be vaccinated on the day we were at their school for various reasons including:

- A large number of eligible children meaning it may not have been possible to vaccinate all 12-15 year olds on the day of clinic - If this included your child then we'd like to apologise for any inconvenience caused;
- They may have been unable to attend school on the day due to illness;
- Your child may have tested positive for covid and was not eligible on the day as there needs to be 28-days between getting a positive covid test and being able to take up the COVID-19 vaccination;
- or they were not aged 12 on the day the clinic took place but have subsequently turned 12 and are now eligible.

Similarly, you may home educate your child and would now like the opportunity to take up the vaccine but need to know how and where to go to get your child vaccinated.

In order to ensure that every child gets the opportunity to take up the vaccine, our vaccination team will be operating clinics during the October half-term at the locations listed below:

Location: **Cranford Community College, High St, Hounslow TW5 9PD**  
Date: **Monday 25<sup>th</sup> October**  
Time: **9am to 5pm**

Or:

Location: **The Hub/Beavers103 Salisbury Road, Hounslow, Middlesex, TW4 7NW**  
Date: **Friday 29th October**  
Time: **9am - 4pm**

You don't need to book a slot, you can simply turn up and walk-in on the day.

However, please can we ask you to:

- **Provide consent:** we will need parents or legal guardian to sign the attached consent form and bring it with them, even if you have already previously done so. 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 clinic:** please make sure that your child is accompanied by a parent or legal guardian, ideally by whomever has signed the consent form.

Depending on demand there may be a short queue, but we will aim to see children as soon as possible.

In addition to the clinics running during half-half term, you may be invited by your GP to vaccination clinics they are running. It is your choice where to go, but please remember that 12-15 year olds will only receive one dose of the vaccine.

Once again thank you for your understanding while we work to make sure every eligible child in NW London who wishes to receive their Covid-19 vaccine does so as soon as possible.

Yours sincerely

NWL vaccination team

[nhsnwccg.c-19.vac.group@nhs.net](mailto:nhsnwccg.c-19.vac.group@nhs.net)

## 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**

<b>I want my child to receive the COVID-19 vaccination</b>	<b>I do not want my child to have the COVID-19 vaccine</b>
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](https://www.gov.uk/government/publications/covid-19-vaccination-resources-for-children-and-young-people) at [gov.uk/government/publications/covid-19-vaccination-resources-for-children-and-young-people](https://www.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)		
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