

Highfield Middle School

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Headteacher: Richard Oades

28th September 2021

Dear Parents and Carers and Pupils,

Covid Vaccinations - Friday 8th October 2021

We are sharing the following information to you on behalf of the 12-15 COVID Vaccination rollout programme.

On Tuesday 14 September the Government announced that children aged 12-15 will be offered the Pfizer-BioNTech Covid-19 vaccine.

This is now being rolled out in schools across Northumberland and will run alongside the flu vaccination programme which is also taking place within our school. Public Health England advises that there are no safety concerns and that COVID-19 vaccines can be given at the same time as other vaccines, including the nasal flu vaccine. It is standard practice for different vaccines to be given at the same time as each other. This happens frequently with routine vaccinations that are given to children in the UK and other countries.

The school immunisation team will be at Highfield Middle School on Friday 8th October to administer Covid vaccinations to pupils aged 12 or above. They will also be administering flu vaccinations on the same day to all pupils (we have previously written to you about this).

All pupils in Year 8 and those in Year 7 who will be 12 years old by 8th October are eligible for the Covid vaccine.

Please note that the School Age Immunisation Service (SAIS) team will be the primary provider of the vaccination programme and will be legally responsible for the delivery of the vaccine with the school being requested to provide the venue. All questions regarding the vaccine should be directed to them.

Consent

In the North East it has been agreed that written parental consent must be given in advance in order for the vaccine to be administered at school. We are now writing to ask for your consent. **Pfizer-BioNTech Covid-19 vaccine will not be administered in school unless there is advanced written consent from the parent/carer AND the child agrees to be vaccinated on the day.** Your child will be asked for their consent on the day of the vaccination, the School Immunisation team will ensure that written parental consent has been given before administering the vaccine.

Alternative arrangements will be available if your child is absent from school or cannot receive the vaccine for another reason and you would like them to be vaccinated.



Please complete and return the attached Covid-19 vaccination consent form and ask your child to return it to their form tutor by this Friday 1 October 2021. A paper copy of this letter and the consent form will be sent home with your child today.

Please note

We wrote to you to request consent for the <u>flu vaccination</u> last week - this is a completely separate process. Parents who wish their child to receive both vaccines should complete both consent forms.

We fully understand that the recommendation for the vaccination programme to be rolled out to 12-15 year olds by the Chief Medical Officer, and the subsequent approval by Government to do this, divides opinion. It is important to recognise that this approval is to 'offer' the vaccine to this age group. We fully respect your decision, as parents and carers, to consent or not to this happening for your child. We are not in a position to provide advice or guidance on this. We hope that you can understand the reasons for this and thank you in advance for your on-going support.

Further information

Parents and carers can find out more information on this vaccination programme and frequently asked questions on the <u>Guidance for Parents</u> section of the gov.uk website.

You can find COVID-19 vaccination resources aimed specifically at <u>children and young people</u> on the gov.uk website too.

All of this information is also available on our school website

Regards

Richard Oades Headteacher





South Tyneside and Sunderland
NHS Foundation Trust

Parent/guardian to complete

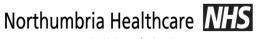
COVID 19

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. Information on the vaccines can be found at COVID-19 vaccination: resources for children and young people - GOV.UK (www.gov.uk). Please discuss the vaccination with your child, and then complete this form before it is due. Information about the vaccinations will be put on your child's health records.

Student details				
	First name:			
Surname:	First name:			
Date of birth:	Ethnicity:	School and class:		
NHS number (if known):	Candan			
NHS number (if known):	Gender:			
Home address:		GP name and address:		
	Day time contact Number:			
Post code:				
Has your child had a positive COVID test? Yes* ☐ No ☐				
Has your child had a positive COVID test? (If your child has had a positive COVID test please state date)		DD/MM/YY		
Has your child had a COVID vaccination? Yes* ☐ No ☐				
Trias your critical accords vaccilitation:				
Has your child had a severe allergic reaction to any injection or medication?				
(needing hospital care) Yes* No				
*If you answered Yes to any of the above, please give details:				
Ask for the What to expect after your COVID-19 vaccination leaflet at COVID-19 vaccination: resources for children and				
young people - GOV.UK (www.gov.uk). It will tell you about the side effects and how to report them to the Yellowcard scheme				
at <u>yellowcard.mhra.gov.uk.</u>				
Consent for immunisation (please tick YES or NO)				
VES I consent for my shild to receive the				
YES, I consent for my child to receive the COVID 19 Immunisation. NO, I DO NOT consent to my child receiving the COVID 19 Immunisation.				
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.				
Signature of parent/guardian		Date <i>DD/MM/YYYY</i>		
(with parental responsibility):				

In Partnership with...





NHS Foundation Trust

FOR OFFICE USE ONLY 1st COVID Vaccine				
Vaccine details				
Date:	Time:	Batch number:	Expiry date:	
Right Deltoid [☐ Left Deltoid ☐			
Administered b Name, designati	by ion and signature:			
Date:				
FOR OFFICE	USE ONLY 2 nd COVID V	accine		
Vaccine details				
Date:	Time:	Batch number:	Expiry date:	
Right Deltoid [☐ Left Deltoid ☐			
Administered by Name, designation and signature:				
Date:				