

Dear Parents/Carers,

Your child is now due the Teenage Booster vaccinations: Tetanus, Diphtheria and Polio (Td/IPV) and Meningitis ACWY.

We use an online form through Inhealthcare for all our immunisation programmes.

To give consent to the vaccinations or to opt your child out please use the link below or QR code.

Your child's school code is **139714**

<https://links.inhealthcare.co.uk/solent-portsmouth-tdm>



The vaccination session in your child's school is on **1 March 2024**. The consent form must be completed by **27 February 2024** for your child to have the vaccine at the school session. If you miss this date, catch up opportunities are available either in school or at Community Clinics. Please do not contact your GP.

Please see the attached leaflets for information about the vaccines. Further information is also available here [3-in-1 teenage booster overview - NHS \(www.nhs.uk\)](https://www.nhs.uk)
[Meningitis - Vaccination - NHS \(www.nhs.uk\)](https://www.nhs.uk)

ONLY SUBMIT ONE FORM PER CHILD. If you are unsure if you have completed a form, please check your emails for communication from Inhealthcare or contact the School Age Immunisation Service. Please check Junk Mail folders as emails from Inhealthcare may end up here.

If at any time you wish to change your consent, please contact our service and inform school before the date of the school session. Please also ensure that your child is aware that consent has changed.

If you have any questions or if you are unable to complete the online form, please contact the School Aged Immunisation Service:

Email: Portsmouth.SAI@solent.nhs.uk
Telephone: [0300 123 5074](tel:03001235074)

With best wishes,
School Aged Immunisation Service

For more information, please visit our website: [School Aged Immunisation Team | Solent](#)

Frequently Asked questions

Q: How do I know if my child is due these vaccinations?

A: Check your NHS app or contact your GP surgery.

Q: Does your child have a condition or are they receiving treatment that severely affects their immune system?

A: This would be treatment such as chemotherapy or on antiviral treatment.

Q: Does your child have a diagnosed bleeding disorder confirmed by a medical professional?

A: Confirmed diagnoses from GP/hospital doctor of a condition where the blood does not clot quickly (not including nosebleeds).

Q: Has your child had a severe reaction to the following antibiotics: Neomycin, Streptomycin or polymyxin B.

A: Only these 3 antibiotics, these are not commonly prescribed antibiotics.

Q: Has your child ever had a severe reaction to previous immunisations?

A: This is a reaction that required hospital or emergency treatment such as anaphylaxis. Fainting is not included in this.

Q: Is your child allergic to any ingredients in the vaccination? (Ingredients listed on the consent form)

A: These are confirmed allergic reactions or undergoing testing for a reaction to any of the ingredients in the vaccine.

Q: My child has additional needs, how can you support them?

A: The team are regularly working with children who have additional needs and are happy to provide a level of support, time and encouragement that suits their needs.

Q: My child has missed the school session, how can they be vaccinated?

A: If you have already submitted a form, you will receive an automated email from Inhealthcare to book into a community clinic.

If you have not submitted a form, use the QR code or link above and book into a community clinic.