

DIPHTHERIA, TETANUS, POLIO BOOSTER IMMUNISATION

The School Health Immunisation Team have been commissioned to carry out this injection on behalf of the GP Practices.

Children should receive their 5th and final booster injection of diphtheria, tetanus, polio between 13 and 18 years of age. This is the completion of the course of vaccines they should have started as babies and this final booster protects them for life against all 3 diseases.

Name of Child _____ Date of Birth _____

Previous Surname _____ Boy Girl

Address _____

Tel No _____

School/Education Centre _____ Year Group _____

Name of GP Practice _____

IMPORTANT: Please answer the questions below

HAS YOUR CHILD HAD:

- | | |
|--|--------|
| Any immunisations in last four weeks | Yes/No |
| This booster already either at hospital or GP Surgery | Yes/No |
| Any confirmed reactions to previous immunisations | Yes/No |
| Any allergies: Please advise if allergic to the following antibiotics – Neomycin, Streptomycin or PolymixinB | Yes/No |
| Any existing medical conditions | Yes/No |

Comments:.....

Please sign here so that we can include your child in our immunisation programme.

- I would like my child to have a booster immunisation of Diphtheria, Tetanus, Polio.

****Please ensure that your child has NOT received this booster from your GP within the last 12 months and is up-to-date with his/her Childhood Immunisations. If you are unsure please contact your GP.**

Signed
Please tick the box to confirm you are the parent or have parental responsibility (see overleaf for more details)

Date

If you do not want us to include your child in the immunisation programme, please sign below.

- I do not want my child to have the booster immunisation of Diphtheria, Tetanus, Polio

Signed
(Signature of person with parental responsibility)

Date

It would help us if you could explain briefly why you do not want your child to have this immunisation.

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PLEASE RETURN THIS FORM TO SCHOOL

