

12 January 2026

Dear Parent/Carer,

Your child is now eligible for their Meningococcal ACWY & the 3-in-1 teenage booster (Tetanus, Diphtheria and Polio) vaccinations

The Berkshire Immunisation team will visit your child's school **Little Heath School** on **Wednesday 11th March 2026** Please complete a **YES** or **NO** consent form for your child/children using the links below and include your school's unique code **BK110063**

Please ensure you complete a YES or No consent form by 9am, one full school day (24 hours) before the session so the team can review them in time.

CLICK HERE to complete the **YES** or **NO** consent form



- **Meningitis ACWY** – this vaccine protects against 4 types of bacteria that can cause meningitis, click [here](#) and/or [here](#) for more information.
- The teenage booster dose of **Tetanus, Diphtheria, and Polio** (3-in-1 vaccine) is the fifth and final vaccine administered to provide booster protection against these three diseases, which can result in significant illness. Click [here](#) and/or [here](#) for more information.

For most children and young people this will be offered in school, however if your child does not currently attend school, please continue to complete a **YES** or **NO** consent form and then contact us to arrange a community clinic appointment.

✓ If you would like your child to receive their Meningococcal ACWY & the 3-in-1 teenage booster (Tetanus, Diphtheria and Polio) vaccinations, please complete a **YES** form using the information above.

✗ If you do not want your child to receive the Meningococcal ACWY or the 3-in-1 teenage booster (Tetanus, Diphtheria and Polio) vaccinations, or if your child has received the vaccination elsewhere, please complete a **NO** form to update your child's records.

Without a **YES** or **NO** consent form in the system you may continue to be contacted by the Immunisation Team, as we are required to account for all eligible children and young people.

Self-Consent

Please be aware that the law on consent states that a young person may self-consent to medical treatment, including vaccinations. Therefore, if deemed Gillick Competent, young people have the right to self-consent to vaccinations. For further information click [here](#)

Need Help?

 Problems with the completing the online form? We can provide you with a paper copy or support with completing. Please contact us via **0300 365 0077**

Important Notes

- Please discuss the vaccinations with your child. We encourage joint decision-making, so your child understands what they are receiving and why.
- After vaccination, your child will receive verbal aftercare advice and a vaccine information leaflet.
- We cannot provide specific times for when your child will be vaccinated during the school day.
- If your child needs additional support (e.g. anxiety, needle phobia, long-term health conditions, or irregular school attendance), please contact us. We can offer support in school or at a community clinic, and we work closely with **CAMHS** for children with needle phobia.

 If you have completed a YES consent form and wish to change your response to a NO please let us know at least two full working days before the planned session date by emailing withdrawconsentimms@berkshire.nhs.uk Please ensure you include your child's full name, gender, DOB, postcode and school. If you email after this time, you MUST send your child into school with a written letter on the morning of the vaccination session, addressed to the Immunisation Team, clearly stating WITHDRAW CONSENT.

 Vaccines help keep children healthy and safe. **Is your child up to date with their routine childhood vaccinations? To find out what vaccines are recommended please visit [NHS vaccinations and when to have them - NHS \(www.nhs.uk\)](http://www.nhs.uk)**

Thank you for helping us protect your child and others.

Kind regards,

Berkshire Immunisation Team