

Dear Parents,

The Solent School Aged Immunisation Service will shortly be offering the Meningitis ACWY and Tetanus, Diphtheria and Polio vaccinations for children aged 13/ 14 years old. Please refer to the link below for the parent leaflet which contains medical information.

[Immunisations for young people - your questions answered \(publishing.service.gov.uk\)](https://www.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/428222/3-in-1-teenage-booster-faq.pdf)

This is the fifth, and final vaccination for Tetanus, Diphtheria and Polio which completes the course. If you know your child has received this vaccination within the last 5 years, please do not consent. If you are unsure, please contact your GP or access the NHS App for your child prior to completing the E consent.

Please see link for further information.

[3-in-1 teenage booster FAQs - NHS \(www.nhs.uk\)](https://www.nhs.uk/3-in-1-teenage-booster-faq/)

This year we will be using an online consent form developed by InHealthcare which we hope you'll find easier to use. Please find the link below.

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

**If this does not open, please copy hyperlink and paste the link above into your internet browser address bar.**

### Completing Inhealthcare E-consent

- Once you click START you will then be prompted for the Unique LEA Code which is **000001**. Once you enter this, it will indicate Home Educated for the appropriate area (Portsmouth/Southampton/Isle of Wight), please ensure this shows correctly (if it is incorrect, please check it has been entered correctly and contact our team if any issues)
- Enter child's details
- Option to consent to each vaccination (Meningitis ACWY/Tetanus, Diphtheria, Polio)
- Enter your personal details
- Supply your email address (you will be sent a verification code to confirm your email address, so please ensure you have access to your emails. Please check your junk folder once submitted in case they are filtered to junk/spam). You are then required to enter your verification code from your email to continue with the consent process.
- Enter any additional contacts
- Complete health screening questions (see FAQ below for any queries around these)
- Review form
- Submit
- Screen shows 'thank you for completing'
- If you have more than one child to complete consent for, there is an option on this screen to start another child's consent.

If you do not want your child to receive the vaccine, Please also complete the online form where there is an option for no consent. **PLEASE SUBMIT ONE FORM PER CHILD.** If you are unsure if you have completed the form, please check your emails for the 'thank you' and 'booked in session' emails from Inhealthcare.

**If at any time you wish to change your consent details, please email our team on the email address below, before the community clinic session date.**

Once you have completed your E Consent submission, you will receive an email with a link to access available community clinics . Please book into the most appropriate clinic for you. if your availability changes and you need to amend this booking , please email our team.

**Please check your in box, junk or spam folder for communications from InHealthcare.**

If you have any questions, or are unable to complete the online consent form, please contact the School Aged Immunisation Service on: [snhs.schoolagedimmunisations-ports@nhs.net](mailto:snhs.schoolagedimmunisations-ports@nhs.net)  
Please click the link below to find out more about E Consent, vaccine programmes and what the School Aged Immunisation service offer. [School Aged Immunisation Team | Solent](#)

Yours sincerely,  
**School Aged Immunisation Service**

### Common Questions

**What is a LEA code?**

- **Local Education Authority code identifies the school.**

**Does your child have a condition or is receiving treatment that severely affects their immune system?**

- **E.g. Undergoing chemo, on antiviral treatment.**

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

- **E.g. Confirmed diagnoses from GP/hospital doctor.**

**Has your child had a severe reaction to the following antibiotics (Neomycin, Streptomycin or polymyxin B).**

- **E.g. Only one of these 3 antibiotics. This are not the usual prescribed antibiotics**

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

- **E.g. Requiring hospital treatment. (Not including fainting).**

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

- **E.g. confirmed allergic reactions.**

**Does your child have additional needs that might affect their vaccination?**

- **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 need.**