



St Ann's School
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Head Teacher: Ms. Gillian Carver

5th January 2022

Dear Parents/Carers

I hope that you and your families have had a very enjoyable and peaceful Christmas break.

It has been lovely to welcome back many of our students this morning. A significant number of young people remain unwell and have not yet returned to school and we wish them a speedy recovery.

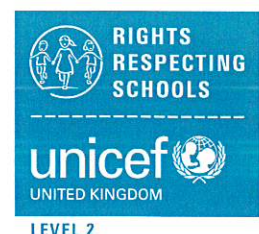
Please remember that it is important that all families keep their young person at home if they present with any upper respiratory type infections or are generally unwell so that we can keep everyone as safe as possible. This is particularly important given the upsurge in transmission of the highly infectious Covid-19 Omicron variant. A member of St Ann's nursing team will contact Parents/Carers if their clinical judgement is that a student is unwell so that arrangements can be made to return the student home as soon as possible.

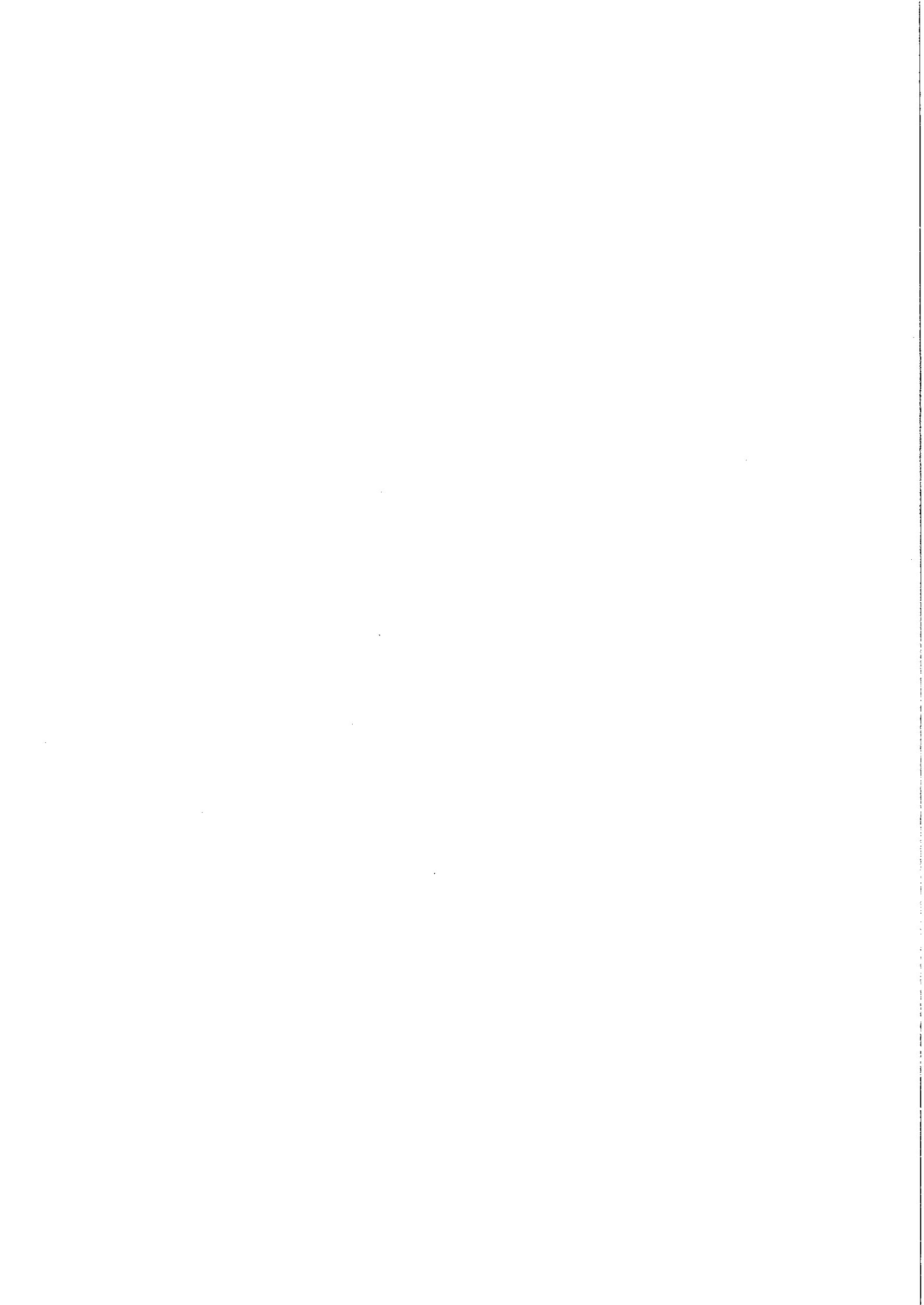
Please also see the Vaccination consent form enclosed with this letter. The Covid-19 vaccine, 1st or 2nd dose is again being offered to your young person (aged 12 years or older) on the school site on Friday 21st January. Parents do not have to be present during the vaccination but it can only take place if we are in receipt of a completed and signed consent form. Please return the form to school as soon as possible so that the correct number of vaccines can be ordered. During our last session on 10th October every young person who had been booked for the vaccination, successfully received their injection. Staff are extremely happy to support students during this process and we are looking forward to a good take-up again this time.

Please telephone the school office if you have any queries and in the meantime every good wish for a happy, healthy and safe beginning to 2022.

Yours sincerely

Gillian Carver
Headteacher.





CONSENT FORM –



COVID 19



Vaccination consent form for children and young people

The COVID-19 vaccine is being offered to your child either as a 1st or 2nd dose. If your child has already received a 1st dose then you will need to use this form for your child's 2nd dose. If your child has not yet received their 1st dose then you can also use this form to provide consent.

Further information can be found on the DfE website:

<https://www.gov.uk/government/publications/covid-19-vaccination-resources-for-children-and-young-people>

Please discuss the vaccination with your child, then complete this form by:

Information about the vaccinations will be put on your child's health records.

Child's full name (first name and surname):

Date of birth:

Home address:

Daytime contact telephone number for parent/carer:

NHS number (if known):

Ethnicity:

School (if relevant):

Year group/class:

GP name and address:

Ask ALL patients ALL questions below and tick if any apply

EXCLUSION CHECKLIST – tick any that apply

Has your child tested positive for COVID-19 in the last 12 weeks (by a lateral flow test or a PCR test)? If so, please provide the date on which your child tested positive: _____

Has the individual experienced major venous and/or arterial thrombosis occurring with thrombocytopenia following vaccination with any COVID-19 vaccine?

Has the individual had any vaccination in the last 7 days?

Is the individual currently unwell with fever?

Does the individual have an allergy to any medications?

Has the individual ever had an anaphylactic reaction?

Does the individual take any regular medication if so what? Please list: _____

Does the individual have a history of heparin-induced thrombocytopenia and thrombosis (HITT or HIT type 2)?

Does the individual have a history of capillary leak syndrome?

None of the above

CAUTION CHECKLIST – tick any that apply

- Has the individual indicated they are, or could be pregnant?
- Has the individual informed you they are currently or have been in a trial of a potential coronavirus vaccine?
- Is the individual taking anticoagulant medication, or do they have a bleeding disorder?
- Does the individual currently have any symptoms of Covid-19 infection?
- None of the above

I want my child to receive the COVID-19 vaccination

I do not want my child to have the COVID-19 vaccine

Name:

Name:

Signature:
Parent/Guardian

Signature:
Parent/Guardian

Date:

Date:

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 for this on the back of this form.

Ask for the **What to expect after your COVID-19 vaccination leaflet** at gov.uk/government/publications/covid-19-vaccination-resources-for-children-and-young-people. It will tell you about the side effects and how to report them to the Yellowcard scheme at yellowcard.mhra.gov.uk.

OFFICE USE ONLY					
Date of COVID-19 vaccination	Site of injection (please circle)		Batch number/ expiry date	Immuniser (please print)	Where administered (hub, PCN, GP etc)
First	L arm	R arm			
Second	L arm	R arm			