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University Health Board

Dear Parent/Guardian

The Teenage Booster (tetanus, diphtheria and polio) and Meningococcal ACWY is being offered to your son/daughter to help protect against these diseases. These vaccinations will be offered in school to all pupils in year 9.

If you consented in Year 8 for your child to receive 2 doses of HPV, then the second dose will also be administered at the same time.

Further information is available via the following link:
www.nhsdirect.wales.nhs.uk/LiveWell/vaccinations/

You can also contact your school nursing service on 01633 431685.

Please complete the enclosed consent form for each immunisation and return to school as soon as possible.

Yours sincerely

School Nursing Service

SLB/MEN ACWY 1/2022-2023 cohort



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Annwyl Riant/Gwarcheidwad

Mae'r brechlyn atgyfnerthu i blant yn eu harddegau (tetanws, difftheria a polio) a Meningococcal ACWY yn cael ei gynnis i'ch mab/merch i helpu i amddiffyn yn erbyn y clefydau hyn. Bydd y brechiadau yma'n cael eu cynnis yn yr ysgol i bob disgybl ym mlwyddyn 9.

Os rhoddoch ganiatâd ym mlwyddyn 8 i'ch plentyn gael 2 ddos o HPV, yna bydd yr ail ddos yn cael ei roi ar yr un pryd.

Mae mwy o wybodaeth ar gael drwy ddilyn y linc canlynol:

<https://111.wales.nhs.uk/LiveWell/vaccinations/default.aspx?locale=cy&term=A>

Gallwch hefyd gysylltu gydach gwasanaeth nyrsio ysgol ar 01633 431685.

Llenwch y ffurflen ganiatâd amgaeedig ar gyfer pob brechiad a dychwelwch i'r ysgol cyn gynted â phosibl.

Yn gywir

Gwasanaeth Nyrsio Ysgol

SLB/MEN ACWY 1/2022-2023 cohort



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HPV vaccination 2022/2023

Protecting against HPV infection to help reduce the risk of cancer

Dear parent or guardian,

The vaccine used in the national HPV (human papillomavirus) programme is changing from Gardasil to Gardasil 9. Gardasil 9 protects against more strains of the HPV virus, and therefore offers greater protection against cancers caused by HPV. It has been used extensively in other countries since it was first licensed in 2015 and it has a good safety record.

If your child received Gardasil for their first dose, they are now being offered Gardasil 9 for their second dose. We will continue to use the consent for vaccination you have provided for both doses of HPV vaccine.

Your child needs to have the recommended course of HPV vaccine to be fully protected.

You can find more information on the HPV vaccine at: phw.nhs.wales/topics/immunisation-and-vaccines/vaccines

A complete list of ingredients and possible side effects for the Gardasil 9 vaccine is available at www.medicines.org.uk/emc/search?q=gardasil

Keeping up to date with vaccinations

It's important that your child is up to date with all of their vaccinations including the measles, mumps and rubella (MMR) vaccination. Your child will need two doses of MMR vaccine to be fully protected.

You can also contact your school nursing service on 01633 431685.

Yours sincerely

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Brechu HPV 2022-2023

Amddiffyn yn erbyn haint HPV er mwyn helpu i leihau'r risg o ganser

Annwyl riant neu warcheidwad,

Mae'r brechlyn a ddefnyddir yn y rhaglen HPV (feirws papiloma dynol) genedlaethol yn newid o Gardasil i Gardasil 9. Mae Gardasil 9 yn amddiffyn rhag mwy o fathau o'r feirws HPV, ac felly mae'n cynnig mwy o amddiffyniad rhag canserau a achosir gan HPV. Mae wedi'i ddefnyddio'n helaeth mewn gwledydd eraill ers iddo gael ei drwyddedu gyntaf yn 2015 ac mae ganddo record ddiogelwch dda.

Os cafodd eich plentyn Gardasil am ei ddos cyntaf, mae bellach yn cael cynnig Gardasil 9 ar gyfer ei ail ddos. Byddwn yn parhau i ddefnyddio'r caniatâd ar gyfer brechu rydych wedi'i ddarparu ar gyfer y ddau ddos o'r brechlyn HPV.

Mae angen i'ch plentyn gael y cwrs a argymhellir o'r brechlyn HPV er mwyn cael ei amddiffyn yn llawn.

Gallwch ddod o hyd i ragor o wybodaeth am y brechlyn HPV yn:
icc.gig.cymru/pynciau/imiwneiddio-a-brechlynnau/brechu/

Mae rhestr gyflawn o gynhwysion a sgil-ffeithiau posibl ar gyfer y brechlyn Gardasil 9 ar gael yn: www.medicines.org.uk/emc/search?q=gardasil

Cael yr holl frechiadau

Mae'n bwysig bod eich plentyn yn cael ei holl frechiadau gan gynnwys brechiad y frech goch, clwy'r pennau a rwbel (MMR). Bydd angen i'ch plentyn gael dau ddos o'r brechlyn MMR er mwyn cael ei amddiffyn yn llawn.

Gallwch hefyd gysylltu gyda'ch gwasanaeth nyrsio ysgol ar 01633 431685.

Yn gywir

Gwasanaeth Nyrsio Ysgol

Neges i rieni disgyblion blwyddyn 9

Os na chafodd eich plentyn ei brechiad Feirws Papiloma Dynol (HPV) ym mlwyddyn 8, nid yw'n rhy hwyr iddyn nhw ei gael gyda'u brechiadau sydd bellach yn ddyledus.

Mae mwy o wybodaeth ar gael drwy'r ddolen ganlynol:

<https://111.wales.nhs.uk/LiveWell/vaccinations/default.aspx?locale=cy&term=A>

Cysylltwch â phwynt mynediad sengl y Gwasanaeth Nyrsio Ysgolion ar 01633 431685 ofyn am ffurflen ganiatâd.

Message to parents of year 9 pupils

If your child did not receive their Human Papilloma Virus (HPV) vaccine in year 8, it is not too late to receive this along with their scheduled immunisations now due.

Further information is available via the following link:

www.nhsdirect.wales.nhs.uk/LiveWell/vaccinations/

Please contact the School Nursing Service single point of access number 01633 431685 to request a consent form.



IMMUNISATION CONSENT MENINGITIS ACWY VACCINE

An immunisation session is planned to take place in your child's school for the above vaccine. If you wish your child to receive this immunisation, please complete the consent form and return to the school as soon as possible.

Child full name (<i>First name and SURNAME</i>):	Date of Birth:	
Home address:	School:	Year:
GP name and address:	Parent/guardian daytime contact number:	

If any of the above details have recently changed, please provide previous details as appropriate e.g. previous address/GP/school.

Please list any immunisations given in the last year, previous reactions to immunisations, known allergies, regular medications or serious health problems:

This consent form must be completed by a parent/guardian with parental responsibility. Parents/guardians must act in their child's best interest in considering consent. You should be aware that Children who fully understand the issues are legally able to make their own decision about consent. For further information go to: www.nhs.uk/conditions/consent-to-treatment/children/

Any immunisation your child receives will be recorded and shared within the NHS for the purpose of normal record keeping.

YES, I agree to the child above receiving the immunisation offered

Name of parent/guardian with parental responsibility (please print):

Signature of parent/guardian:	Date:
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You can read more about immunisations in the leaflet that came with this form or go to www.wales.nhs.uk/immunisation

If you have any questions or wish to discuss the immunisation being offered please contact your school nurse.

*We respect your decision. If you do not wish your child to receive this vaccine you **DO NOT** need to return this consent form.*

Thank you for completing this form

The section below is for health service use only.

Date/Time	Vaccine	Site of injection	Batch Number	Expiry	Name of immuniser (please print)	Signature of immuniser

Comments:

FFURFLEN GANIATÂD AR GYFER IMIWNEIDDIO Y BRECHLYN MENINGITIS ACWY

Mae sesiwn imiwneiddio wedi'i gynllunio i gymryd lle yn ysgol eich plentyn. Os dymunwch i'ch plentyn dderbyn yr brechlyn yma, a fydddech gystal a llenwi'r ffurflen ganiatad a'i ddychwelyd i'r ysgol cyn gynted a phosib.

Enw llawn y plentyn (<i>Enw cyntaf a CHYFENW</i>):	Dyddiad Geni:	
Cyfeiriad cartref:	Ysgol:	Blwyddyn:
Enw a chyfeiriad y meddyg teulu:	Rhif ffôn cyswllt yn ystod y dydd:	

Os oes unrhyw rai o'r manylion uchod wedi newid yn ddiweddar, rhowch y manylion blaenorol fel y bo'n briodol. e.e. cyfeiriad blaenorol / Meddyg Teulu / ysgol:

Rhestrwch unrhyw frechiadau a roddwyd yn ystod y blwyddyn diwethaf, adweithiau i frechiadau blaenorol, alergeddu y gwyddoch amdanynt, meddyginiaethau rheolaidd neu broblemau iechyd difrifol:

Rhaid i'r ffurflen ganiatâd hon gael ei llenwi gan riant/gwarcheidwad a chanddo gyfrifoldeb rhiant. Rhaid i rieni/gwarcheidwad weithredu er budd gorau'r plentyn wrth ystyried rhoi caniatâd. Mae'n gyfreithlon i blant sy'n 16 oed neu'n hŷn, a phlant iau sy'n deall y materion dan sylw yn llawn, benderfynu drostynt eu hunain p'un a ydynt am roi caniatâd. Am fwy of wybodaeth ewch i: www.nhs.uk/conditions/consent-to-treatment/children/

Caiff y brechiadau a gaiff eich plentyn eu cofnodi a'u rhannu gyda staff y GIG at ddiben cadw cofnodion.

YDW, rwy'n cytuno i'r plentyn a enwir uchod gael y brechiadau a gynigir

Enw rheiant/gwarcheidwad sydd a chyfrifoldeb rheiant (argraffu):

Llofnod rheiant/ gwarcheidwad:	Dyddiad:
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Gallwch ddarllen rhagor am imiwneiddio yn y daflen a ddaeth gyda'r ffurflen neu ewch i www.wales.nhs.uk/immunisation

Os oes gennych unrhyw gwestiynau neu os hoffech drafod y brechiadau sy'n cael eu cynnig cysylltwch â nyrs yr ysgol.

*Rydym yn parchu eich penderfyniad. Os nad ydych yn dymuno i'ch plenty gael y brechlyn, **NID OES** angen dychwelyd y ffurflen.*

Diolch am lenwi'r ffurflen hon.

Mae'r adran isod at ddefnydd y gwasanaeth iechyd yn unig.

Dyddiad/ amser	Brechlyn	Safle'r pigiad	Rhif y batsh	Dyddiad dod i ben	Enw'r person sy'n imiwneiddio (mewn llythrennau bras)	Llofnod y person sy'n imiwneiddio

Sylwaaud:

IMMUNISATION CONSENT

Teenage Booster Vaccine–Tetanus, Diphtheria, Inactivated Polio (Td/IPV)

An immunisation session is planned to take place in your child's school for the above vaccine. If you wish your child to receive this immunisation, please complete the consent form and return to the school as soon as possible.

Child full name (<i>First name and SURNAME</i>):	Date of Birth:	
Home address:	School:	Year:
GP name and address:	Parent/guardian daytime contact number:	

If any of the above details have recently changed, please provide previous details as appropriate e.g. previous address/GP/school.

Please list any immunisations given in the last year, previous reactions to immunisations, known allergies, regular medications or serious health problems:

This consent form must be completed by a parent/guardian with parental responsibility. Parents/guardians must act in their child's best interest in considering consent. You should be aware that Children who fully understand the issues are legally able to make their own decision about consent. For further information go to: www.nhs.uk/conditions/consent-to-treatment/children/

Any immunisation your child receives will be recorded and shared within the NHS for the purpose of normal record keeping.

YES, I agree to the child above receiving the immunisation offered

Name of parent/guardian with parental responsibility (please print):

Signature of parent/guardian:	Date:
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You can read more about immunisation in the leaflet that came with this form or go to www.wales.nhs.uk/immunisation

If you have any questions or wish to discuss the immunisation being offered please contact your school nurse.

*We respect your decision. If you do not wish your child to receive this vaccine you **DO NOT** need to return this consent form.*

Thank you for completing this form

The section below is for health service use only.

Date/Time	Vaccine	Site of injection	Batch Number	Expiry	Name of immuniser (<i>please print</i>)	Signature of immuniser

Comments:

FFURFLEN GANIATÂD AR GYFER IMIWNEIDDIO

Brechlyn atgyfnerthol I blant yn eu harddegau – Tetanws, Difftheria, Polio anweithredol (Td/IPV)

Mae sesiwn imiwneiddio wedi'i gynllunio i gymryd lle yn ysgol eich plentyn. Os dymunwch i'ch plentyn dderbyn yr brechlyn yma, a fydddech gystal a llenwi'r ffurflen ganiatad a'i ddychwelyd i'r ysgol cyn gynted a phosib.

Enw llawn y plentyn (<i>Enw cyntaf a CHYFENW</i>):	Dyddiad Geni:	
Cyfeiriad cartref:	Ysgol:	Blwyddyn:
Enw a chyfeiriad y meddyg teulu:	Rhif ffôn cyswllt yn ystod y dydd:	

Os oes unrhyw rai o'r manylion uchod wedi newid yn ddiweddar, rhowch y manylion blaenorol fel y bo'n briodol. e.e. cyfeiriad blaenorol / Meddyg Teulu / ysgol:

Rhestrwch unrhyw frechiadau a roddwyd yn ystod y blwyddyn diwethaf, adweithiau i frechiadau blaenorol, alergeddau y gwyddoch amdanynt, meddyginiaethau rheolaidd neu broblemau iechyd difrifol:

Rhaid i'r ffurflen ganiatâd hon gael ei llenwi gan riant/gwarcheidwad a chanddo gyfrifoldeb rhiant. Rhaid i rieni/gwarcheidwaid weithredu er budd gorau'r plentyn wrth ystyried rhoi caniatâd. Mae'n gyfreithlon i blant sy'n 16 oed neu'n hŷn, a phlant iau sy'n deall y materion dan sylw yn llawn, benderfynu drostynt eu hunain p'un a ydynt am roi caniatâd. Am fwy of wybodaeth ewch i: www.nhs.uk/conditions/consent-to-treatment/children/

Caiff y brechiadau a gaiff eich plentyn eu cofnodi a'u rhannu gyda staff y GIG at ddiben cadw cofnodion.

YDW, rwy'n cytuno i'r plentyn a enwir uchod gael y brechiadau a gynigir

Enw rheiant/gwarcheidwad sydd a chyfrifoldeb rheiant (argraffu):

Llofnod rheiant/ gwarcheidwad:	Dyddiad:
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Gallwch ddarllen rhagor am imiwneiddio yn y daflen a ddaeth gyda'r ffurflen neu ewch i www.wales.nhs.uk/immunisation

Os oes gennych unrhyw gwestiynau neu os hoffech drafod y brechiadau sy'n cael eu cynnig cysylltwch â nyrs yr ysgol.

Rydym yn parchu eich penderfyniad. Os nad ydych yn dymuno i'ch plenty gael y brechlyn, NID OES angen dychwelyd y ffurflen. Diolch am lenwi'r ffurflen hon.

Mae'r adran isod at ddefnydd y gwasanaeth iechyd yn unig.

Dyddiad/ amser	Brechlyn	Safle'r pigiad	Rhif y batsh	Dyddiad dod i ben	Enw'r person sy'n imiwneiddio (<i>mewn llythrennau bras</i>)	Llofnod y person sy'n imiwneiddio

Sylwadau: