

Protecting against HPV infection to help reduce your risk of cancer

Dear Parent/Guardian,

The Human Papillomavirus (HPV) vaccine is being offered to your son/daughter to help protect against cancers later in life such as cervical, mouth, throat, anus and genital areas.

A course of two doses of the Gardasil 9 vaccine is normally offered in school. The first dose is usually offered to boys and girls in Year 8, with the second dose offered in Year 9.

However, the Joint Committee for Vaccination and Immunisations now have evidence that one dose (in year 8) provides sufficient and long-lasting protection that is the same as a 2-dose schedule. We are awaiting instruction for a date to implement this change of schedule in Wales. We will advise you if this change applies to your child.

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 and return to school as soon as possible.

Yours sincerely

School Nursing Service



GIG
CYMRU
NHS
WALES

Bwrdd Iechyd Prifysgol
Aneurin Bevan
University Health Board

Diogelu rhag haint HPV i helpu i leihau eich risg o ganser

Annwyl Rieni/ Warchodwyr,

Cynigir y brechlyn Papillomavirus Dynol (HPV) i'ch mab/merch i helpu i'w diogelu rhag canserau'n ddiweddarach mewn bywyd megis ceg y groth, y geg, y gwddf, yr anws a'r organau cenhedlu. Bydd cwrs o ddwy dds o'r brechlyn Gardasil yn cael ei gynnig yn yr ysgol.

Yn arferol, cynigir cwrs o ddau dos o'r brechlyn Gardasil 9 yn yr ysgol. Cynigir y dos cyntaf i fechgyn a merched ym mlwyddyn 8, a chynigir yr ail dds ym mlwyddyn 9.

Mae gan y cyd-bwyllgor Brechu ac Imiwneiddio bellach dystiolaeth bod un dos (ym mlwyddyn 8) yn darparu amddiffyniad digonol a pharhaol yr un fath ac amserlen 2 dds. Rydym yn aros am gyfarwyddyd am ddyddiad i weithredu'r newid hwn yng Nghymru. Byddwn yn eich cynghori os yw'r newid hwn yn berthnasol i'ch plenty.

Mae mwy o wybodaeth ar gael drwy'r ddolen ganlynol: <https://111.wales.nhs.uk/LiveWell/vaccinations/default.aspx?locale=cy&term=A>

Gallwch hefyd gysylltu gydach gwasanaeth nyrsio ysgol ar 01633 431685.

A fyddech chi cystal â chwblhau'r ffurflen gydsynio amgaeedig a'i dychwelyd i'r ysgol gynted â

Yn gywir

Gwasanaeth Nyrsio Ysgol

HPV 1/2022-2023

IMMUNISATION CONSENT

HUMAN PAPILLOMA VIRUS (HPV) 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 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 (please print)	Signature of immuniser

Comments:

FFURFLEN GANIATÂD AR GYFER IMIWNEIDDIO BRECHLYN FEIRWS PAPILOMA DYNOL (HPV)

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 (*Enw cyntaf a CHYFENW*):

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:

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 parhau 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

Sylwadau: