

# School Information Materials

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21<sup>st</sup> April 2015

[www.immunisation.ie](http://www.immunisation.ie)



# Background

- Packs for primary and second level schools have been produced nationally since 2011.
- Comments received during the academic year from all sources are considered.
- Consent Group discuss – consent forms, letters, leaflets, tearpads.
- All school information is updated before each academic year.



# What's the process?

Materials approved by  
NIO/Consent Groups

Changes sent to 3 designers,  
Irish and other translators

3 or 4 drafts later the materials  
are approved for print

Packs printed and go for delivery to areas

This process takes  
approx 2 months to  
complete

# 2015/2016

- 3 packs
  - 4 in 1 and MMR
  - HPV, Tdap and MenC packs (girls)
  - Tdap and MenC packs (boys)
- Other items - Passports, Tearpads for primary and second level schools, Translated leaflets.
- All items available on [immunisation.ie](http://immunisation.ie) under school section



[www.immunisation.ie](http://www.immunisation.ie)

## Immunisation

## Who we are

## Public Information

Baby and Childhood  
Immunisation

## School Programme

## 4 in 1 and MMR

## Tdap

## HPV

## MenC

## Flu Vaccination

## Adult Vaccines

## Vaccines &amp; Pregnancy

Healthcare Worker  
Information

## Information Materials

## Glossary

## Useful Websites

## What's new

## Contact Us

## School Programme

Share    Print *April 2015*

Children need to get booster doses of some vaccines in school to protect them against these diseases.

When your child is aged 4 to 5 years, they will get two vaccines:

- The 4 in 1 booster to protect against diphtheria, polio, tetanus and whooping cough (pertussis); and
- a second dose of the MMR vaccine to protect against measles, mumps and rubella.

These vaccines are usually given by a HSE doctor or nurse in primary school to Junior Infants, or in some areas by your GP.

Learn more about the [4 in 1 and MMR](#) school programme.

When your child is in their first year of second level school they will get a tetanus and low-dose diphtheria and pertussis (Tdap) booster vaccine.

This vaccine is usually given by a HSE doctor or nurse to students in first year of second level school in the school or sometimes at HSE clinics.

Learn more about [Tdap](#) school programme.

From September 2014 all students in first year of second level schools will get a booster dose of the Meningococcal C (MenC) vaccine. This vaccine is being introduced to protect young people from life threatening meningococcal group C (MenC) infection.

This vaccine will be given by a HSE doctor or nurse to students in first year of second level school in the school or sometimes at HSE clinics.

Learn more about the [MenC](#) school programme.



Schools Immunisation

## Find Health Services



by Topic

by Location

## Conditions &amp; Treatments

Explore 600+  
conditions and  
treatments

## Need help?

Call our Infoline  
on 1850 24 1850

## Connect with us



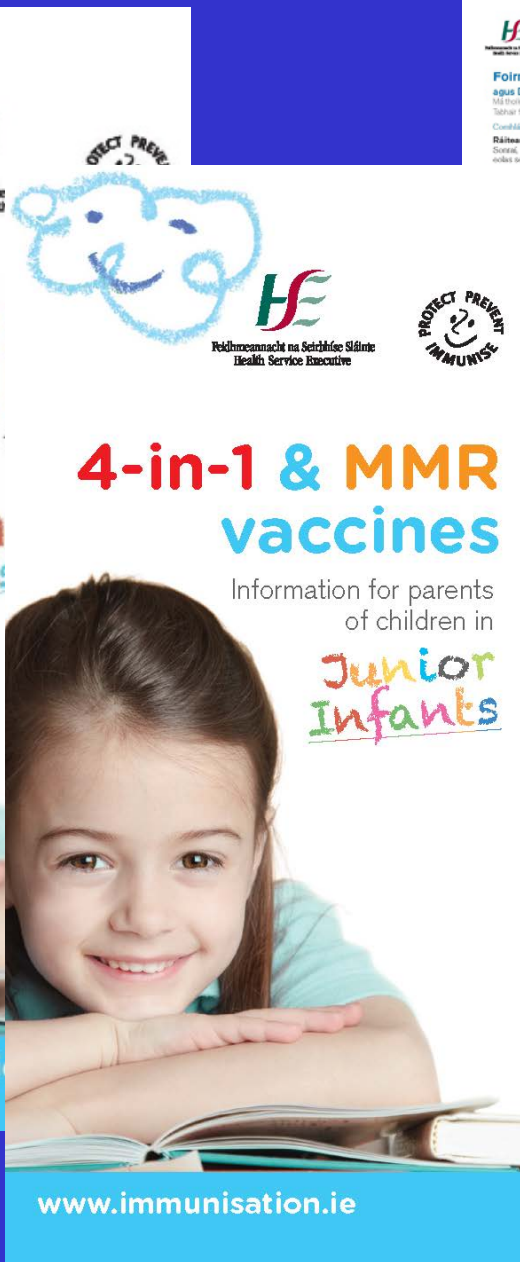
# Primary School Materials


2015/2016



[www.immunisation.ie](http://www.immunisation.ie)







**Health Service Executive**  
 HSE  
 Health Service Executive

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Class: \_\_\_\_\_ School Roll Number: \_\_\_\_\_ Client ID: \_\_\_\_\_

## Measles, Mumps, Rubella (MMR) and Diphtheria, Polio, Tetanus, Whooping Cough (Pertussis) (4 in 1) Vaccination Consent Form.

If you wish to give consent please fill in Parts 1, 2 & 3. If you do not wish to give consent please fill in parts 1 & 4. (Parts 3 & 4 are overleaf). Please note only a parent or legal guardian can consent or refuse consent for students.

Please fill in this form using a ballpoint pen. Return this completed form within the next 3 school days.

**Privacy Statement:** HSE staff are aware of their obligation under the Data Protection Acts, 1988 and 2003. The information provided will be included in an Immunisation Database. The HSE will use this information to validate clients, monitor vaccination programmes and provide health care.

### PART 1. Complete this part for all children (please use block capitals).

Child's Forename: \_\_\_\_\_ Child's Middle Name: \_\_\_\_\_ Child's Surname (Family Name): \_\_\_\_\_

Otherwise known as: \_\_\_\_\_ Child's Personal Public Services Number (PPSN): \_\_\_\_\_  
 (PPSN will be required to manage your immunisation record only)

Child's Date of Birth (DD/MM/YYYY): \_\_\_\_/\_\_\_\_/\_\_\_\_ Child's Gender (circle as appropriate): Male/Female

Mother's Maiden Name: \_\_\_\_\_ Mother's Date of Birth (DD/MM/YYYY): \_\_\_\_/\_\_\_\_/\_\_\_\_  
 (This information will be required to manage your child's immunisation services)

Child's Address: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_ County: \_\_\_\_\_

Child's Surname at Birth: \_\_\_\_\_ Child's Home Address at Birth: \_\_\_\_\_  
 \_\_\_\_\_

Parent/Legal Guardian Forename and Surname: \_\_\_\_\_

Daytime Contact Phone Number: \_\_\_\_\_ Mobile Phone Number: \_\_\_\_\_  
 (By supplying your mobile phone number you are consenting to receive vaccine related texts)

School: \_\_\_\_\_ Class: \_\_\_\_\_ Teacher: \_\_\_\_\_

GP Name and Address: \_\_\_\_\_  
 (Your information may be shared with your General Practitioner)

### PART 2. Complete this part with details of the child being vaccinated.

Has this child received their routine vaccines due at 2, 4 and 6 months? Yes ☐ No ☐ Do not know ☐

Has this child received their first MMR vaccine due at 12 months? Yes ☐ No ☐ Do not know ☐

Has this child received a tetanus containing vaccine in the past 6 months? Yes ☐ No ☐ Do not know ☐

Please detail \_\_\_\_\_

Has this child had any vaccines in the past 3 months? Yes ☐ No ☐ Do not know ☐

Please detail \_\_\_\_\_

Has this child had any serious illness? Yes ☐ No ☐

Please detail \_\_\_\_\_

Is this child currently taking medication? Yes ☐ No ☐

(Include ointments/creams that affect the immune system e.g. Protopic cream)

Please detail \_\_\_\_\_

Has this child ever had a severe reaction to any medication or vaccine (including anaphylaxis)? Yes ☐ No ☐

Please detail \_\_\_\_\_

Does this child have any illness or condition that increases their risk of bleeding? Yes ☐ No ☐

Please detail \_\_\_\_\_

**Please turn over**

09/14





# What's new for 2015/2016?

- We are asking parents, on the consent form and the letter, to return the consent form regardless of consent.

*“Please fill in this form using a ballpoint pen. Return this completed form within the next 3 school days even if you do not consent.”*

- Information about side effects have been edited on the leaflet for parents.



[www.immunisation.ie](http://www.immunisation.ie)



# Second Level School Materials

2015/2016



[www.immunisation.ie](http://www.immunisation.ie)



# Boys packs – Tdap and MenC

## Teanndáileog vacsaíní Tdap agus MenC

Eolas do thuismitheoirí páistí atá sa  
Chéad Bhliain i scoil dara leibhéal



## Tdap and MenC booster vaccines

Information for parents of children  
in First Year of second level school



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Class/  
Rang:

School Roll Number/  
Uimhir Rolla na Scoile:

Client ID/  
Aitheantas Claint:

## Tdap and MenC Vaccination Consent Form Foirm Toilithe: Vacsaíniú Tdap agus MenC

This consent form needs to be completed to give consent for

- 1 dose of Tdap vaccine
- 1 dose of MenC vaccine

These vaccines will be given during the school year.

For each vaccination where you wish to give consent please fill and sign Parts 1 and 2.

For each vaccination where you wish to **refuse** consent please fill and sign Parts 1 and 3.

Please note only a parent or legal guardian can consent or refuse consent for students. Students over 16 years of age are legally entitled to consent for themselves.

Complete the form in Block CAPITALS using a pen.

Return this form within the next 3 school days.

**Privacy Statement:** HSE staff are aware of their obligation under the Data Protection Acts, 1988 and 2003. The information provided will be included in an Immunisation Database. The HSE will use this information to validate clients, monitor vaccination programmes and provide health care.

Ní mór an fhoirm toilithe seo a chomhlánú chun toiliú go dtabharfaí

- 1 dáileog den vacsaín Tdap
- 1 dáileog den vacsaín MenC

Tabharfar na vacsaíní seo le linn na scoilbhliana.

Má tholleann tú lion isteach agus sínigh Cuid 1 agus 2 do gach vacsaín.

Mura dtolleann tú lion isteach agus sínigh Cuid 1 agus 3 do gach vacsaín.

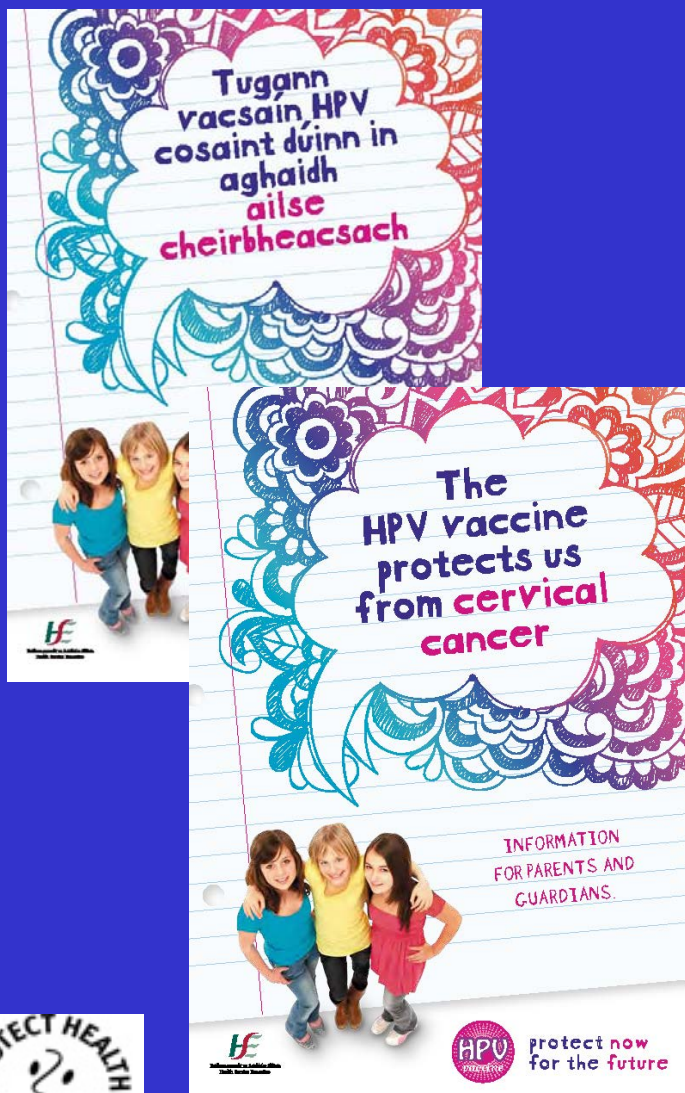
Tabhair faoi deara nach féidir le duine ar bith seachas an tuismitheoir nó caomhnóir, toiliú nó gan toiliú thar ceann daltaí. Is féidir le dalta atá os cionn 16 bliana d'aois toiliú ar a s(h)on féin.

Comhlánaigh an fhoirm seo le peann i mBLOCLITREACHA.

Seol an fhoirm seo ar ais go dtí an scoil laistigh de 3 lá scoile.

**Ráiteas Príobháideachais:** Tá foireann FSS ar an eolas faoi na dualgais atá orthu faoi na hAchtanna um Chosaint Sonraí, 1988 agus 2003. Beidh an t-eolas a chuirfear ar fáil stóráite i mBunachair Imdhionta. Bainfidh FSS úsáid as an eolas seo chun claint a dheimhniú, monatóireacht a dhéanamh ar na cláir vacsaínithe agus soláthar chúram sláinte.

# Girls Packs – HPV, Tdap and MenC



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Class/  
Rang: School Roll Number/  
Uimhir Rolla na Scoile: Client ID  
Aitheantas Claint:

## HPV, Tdap and MenC Vaccination Consent Form

### Foirm Toilithe: Vacsaíniú HPV, Tdap agus MenC

This consent form needs to be completed to give consent for:

- 2 doses of HPV vaccine
- 1 dose of Tdap vaccine
- 1 dose of MenC vaccine

These vaccines will be given during the school year.

It is planned that 2 vaccines will be given at each school visit; however note that this may vary in some circumstances for some pupils.

Visit 1: HPV (Dose one) + Tdap	Visit 2: HPV (Dose two) + MenC
For each vaccination where you wish to give consent please fill and sign Parts 1 and 2.	
For each vaccination where you wish to refuse consent please fill and sign Parts 1 and 3.	
Please note only a parent or legal guardian can consent or refuse consent for students. Students over 16 years of age are legally entitled to consent for themselves.	
Complete the form in Block CAPITALS using a pen.	
Return this form within the next 3 school days.	
<p><b>Privacy Statement:</b> HSE staff are aware of their obligation under the Data Protection Acts, 1988 and 2003. The information provided will be included in an Immunisation Database. The HSE will use this information to validate clients, monitor vaccination programmes and to provide health care. The data for HPV will be made available to CervicalCheck – The National Cervical Screening Programme for use in the context of its service.</p>	
<p>Ní mór an fhóirm toilithe seo a chomhlánú chun toileadh go dtabharfaí</p> <ul style="list-style-type: none"> <li>• 2 dháileog den vacsaín HPV</li> <li>• 1 dáileog den vacsaín Tdap</li> <li>• 1 dáileog den vacsaín MenC</li> </ul> <p>Tabharfaí na vacsaíní seo i rith na scoilbhliana.</p> <p>Tá sé beartaithe go dtabharfaí 2 vacsaín le linn gach cuairt scoile; tabhair faoi deara áfach go mb'fhéidir nach mbeidh seo amháin do roinnt dhalltaí.</p>	
Cuairt 1: HPV (Dáileog a haon) + Tdap	Cuairt 2: HPV (Dáileog a dó) + MenC
<p>Má tholteann tú, líon isteach agus sínigh Cuid 1 agus 2 do gach vacsaín.</p> <p>Mura dtolteann tú, líon isteach agus sínigh Cuideanna 1 agus 3 do gach vacsaín.</p> <p>Tabhair faoi deara nach féidir le duine ar bith seachas tuismitheoir nó caomhnóir, toiliú nó gan toiliú thar ceann daité. De réir dli, is féidir le daité os clonn 16 bliana d'aois toiliú ar a s(h)on féin.</p> <p>Comhlánaigh an fhóirm seo le peann i mBLUCLITREACHA.</p> <p>Seol an fhóirm chomhlánaithe ar ais go dtí an scoil laistigh de 3 lá scoile.</p> <p><b>Ráiteas Priobháideachais:</b> Tá foireann FSS ar an eolas faoi na dualgas atá orthu faoi na hAchtanna um Chosaint Sonraí, 1988 agus 2003. Beidh an t-eolas a chuirfear ar fáil stóráite i mBunachair Imdhionta. Bainfidh FSS úsáid as an eolas seo chun claint a dheimhnú, monatóireacht a dhéanamh ar na cláir vacsaínithe agus soláthar chúram sláinte. Roinnfead sonraí vacsaínithe HPV le CervicalCheck – an Clár Scaghtástála Cheirbheacs Náisiúnta chun úsáid a bhaint as i gcomhleáas a seirbhís.</p>	

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School Roll Number: Client ID:

## Human Papillomavirus (HPV) Vaccination Consent Form

Privacy Statement: HSE staff are aware of their obligation under the Data Protection Acts, 1988 and 2003. The information provided will be included in an Immunisation Database. The HSE will use this information to validate clients, monitor vaccination programmes and to provide health care. The data for HPV will be made available to CervicalCheck – The National Cervical Screening Programme for use in the context of its service.

Part 1: Complete this part for all girls

Student's Forename: Student's Middle Name: Student's Surname (Family Name):

Other Name(s): Student's Personal Public Service Number (PPSN):

Student's Date of Birth: Student's Sex: Student's Signature at Birth:

Student's Address: County:

Parent's Legal Guardian Forename and Surname: Daytime Contact Phone No: Mobile Phone No: Email: Date:

Part 2: Complete this part if you want to have the vaccination

Has this girl had any serious illness in recent years? Yes No

Is she currently taking medication? Yes No

Has the girl ever had a severe reaction to any medication or vaccine (including anaphylaxis)? Yes No

Does she have any illness or condition that increases her risk of bleeding? Yes No

This consent is for the vaccination of the above named student with HPV vaccine.

I have read and understood the accompanying vaccine information, including risks and side effects.

I understand that this vaccine is not recommended during pregnancy.

I understand that I am giving consent for the administration of a first dose only.

I confirm by signing this form that I am authorised to give consent on behalf of the above named student.

Signature: Date: (DD/MM/YYYY)

Name (Please print): (Please tick) Parent Guardian Self

If vaccine not administered please state why? Contraindicated Refused Notified Other

Completed by: (DD/MM/YYYY)

Date	Visit	Visit Date	Visit Time	Visit Location	Visit Status
1	1				
2	2				

[www.immunisation.ie](http://www.immunisation.ie)



protect now  
for the future



Reithmeannacht na Seirbhíse Sláinte  
Health Service Executive

# Consent form changes for 2015/2016

## Front Page

- Name and Date of birth added to top of page (will apply to each page)
- “for boys” or “for girls” added to heading
- Question asking if HPV vaccination previously given has been removed.
- Parents are being asked, on the consent form and letter, to return the consent form regardless of refused or given consent.

*“Please fill in this form using a ballpoint pen. Return this completed form within the next 3 school days even if you do not consent.”*



# Consent form changes for 2015/2016

## Page 2

- Male/Female added to student details
- DD MM YYYY moved below boxes
- Wording of question 3 changed to


*“Has this student ever had a severe reaction to anything including medication or vaccine (including anaphylaxis)?”*





# HPV 3<sup>rd</sup> Dose Consent Form

**For official use only**  
 Class: \_\_\_\_\_ School Roll Number: \_\_\_\_\_ Client ID: \_\_\_\_\_

**Human Papillomavirus (HPV) Vaccination Consent Form** 

Privacy Statement: HSE staff are aware of their obligation under the Data Protection Acts, 1988 and 2003. The information provided will be included in an Immunisation Database. The HSE will use this information to validate clients, monitor vaccination programmes and to provide health care. The data will be made available to CervicalCheck – The National Cervical Screening Programme for use in the context of its service.

**PART 1** Complete this part for all girls

Student's Forename: \_\_\_\_\_ Student's Middle Name: \_\_\_\_\_ Student's Surname (Family Name): \_\_\_\_\_

Otherwise known as \_\_\_\_\_ Student's Personal Public Services Number (PPSN): \_\_\_\_\_ (PPSN will be required to manage your immunisation record only)

Student's Date of Birth:         Student's Surname at Birth: \_\_\_\_\_

Student's Address: \_\_\_\_\_  
 County: \_\_\_\_\_

Parent/Legal Guardian Forename and Surname: \_\_\_\_\_

Daytime Contact Phone No: \_\_\_\_\_ Mobile Phone No: \_\_\_\_\_  
(By supplying your mobile phone number you are consenting to receive vaccine related texts)

School/College Name: \_\_\_\_\_ Class: \_\_\_\_\_ Year: \_\_\_\_\_

**PART 2** Complete this part if you want to have this girl vaccinated

Has this girl had any serious illness in recent years? Yes ☐ No ☐  
 Please detail: \_\_\_\_\_

Is she currently taking medication? Yes ☐ No ☐  
 Please detail: \_\_\_\_\_

Has this girl ever had a severe reaction to any medication or vaccine (including anaphylaxis)? Yes ☐ No ☐  
 Please detail: \_\_\_\_\_

Does she have any illness or condition that increases her risk of bleeding? Yes ☐ No ☐  
 Please detail: \_\_\_\_\_

**Yes, I consent to the vaccination of the above named student with HPV vaccine.**

- I have read and understand the accompanying vaccine information, including risks and side effects.
- I understand that this vaccine is not recommended during pregnancy.
- I understand that I am giving consent for the administration of a third dose of HPV.
- I confirm by signing this form that I am authorised to give consent on behalf of the above named student.  
(Students over 16 years of age are legally entitled to consent for themselves)

Signature: \_\_\_\_\_ Date: \_\_\_\_\_ (DD/MM/YY)

Name (Please print): \_\_\_\_\_ (Please tick): Parent ☐ Guardian ☐ Self ☐

**For office use only**

If vaccine not administered please state why? Contraindicated ☐ Absent ☐ Deferred ☐ Refused ☐ DNA ☐

Referred to hospital setting ☐ Other ☐ \_\_\_\_\_

Completed by: \_\_\_\_\_ MCRN/PIN: \_\_\_\_\_ (DD/MM/YYYY)

Dose	Date Given	Batch Number	Injection Site (Circle as appropriate)	Prescribed by signature and MCRN/PIN	Vaccinator's signature and PIN/MCRN	Vaccination location (Circle as appropriate)
3	/ /		Right <input type="checkbox"/> Left <input type="checkbox"/>			School <input type="checkbox"/> Clinic <input type="checkbox"/>
Comment			Time	AM/PM	Clinic Name	

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- If a girl is over 15 years of age she still requires 3 doses of HPV.
- An extra consent form must be completed
- Request form from the NIO



[www.immunisation.ie](http://www.immunisation.ie)

# Tdap and MenC Leaflet changes for 2015/2016

Are there any children who should not get MenC vaccine?

*“Your child should not get the vaccine if they had a very severe reaction (anaphylaxis) to a previous MenC vaccine or to any part of the vaccine such as latex.”*



[www.immunisation.ie](http://www.immunisation.ie)



# Tdap and MenC Leaflet changes for 2015/2016

Do Tdap or MenC vaccines have any side-effects?

*“Occasionally children faint after getting an injection. They will be advised to sit down for 15 minutes after vaccination which helps prevent fainting.*

*About 1 in 4 children may have an area of soreness, swelling and redness where the injection was given, which usually passes after a day or two.”*



[www.immunisation.ie](http://www.immunisation.ie)

# HPV Leaflet changes for 2015/2016

Does the vaccine have any side effects?

*“Occasionally girls faint after getting an injection. The girls will be advised sit down for 15 minutes after the vaccination which helps to prevent fainting.”*



[www.immunisation.ie](http://www.immunisation.ie)



# Letters

- Letters will now include a line in the following languages Arabic, Simplified Chinese, German, French, Polish, Portuguese, Romanian and Russian e.g.

*“Parlez-vous le français ? Le prospectus d'information dans ce paquet est disponible sur [www.immunisation.ie](http://www.immunisation.ie) dans votre langue”*

- The letter will also inform parents they cannot get these vaccines from their GPs.



[www.immunisation.ie](http://www.immunisation.ie)

# Additional Letters

Must be translated into Irish. Please use the HSE Irish Language officer in your area.

Officer Name	Area Covered
Simon Ó Cróinín	<b>HSE Dublin North East:</b> Dublin: North of the Liffey, Meath, Louth, Cavan & Monaghan
Cuimín Mac Aodha Bhuí	<b>HSE West:</b> Galway, Mayo, Roscommon, Sligo/Leitrim, Donegal
Carmel Mac Domhnaill	<b>HSE West:</b> Clare, Limerick, North Tipperary
Bairbre Uí Theighneáin	<b>HSE Dublin Mid-Leinster:</b> Dublin: South of Liffey, Wicklow, Kildare, Laois, Offaly, Longford & Westmeath
Micheál Ó Coileáin	<b>HSE South :</b> Cork, Kerry, Waterford, South Tipperary, Wexford, Carlow, Kilkenny



# Tearpads

## 4 in 1 and MMR Booster School Vaccination Programme for Children in Junior Infants

Name: \_\_\_\_\_

Date: \_\_\_\_\_

Time of vaccination: \_\_\_\_\_



Your child was given the following vaccines today

4 in 1 ☐

MMR ☐

### Common reactions expected after these vaccines may include

- mild fever
- soreness, swelling and redness where the injection was given. Sometimes this swelling can be from the shoulder to the elbow. This usually occurs within 2 days of the vaccination and gets better over 4 – 5 days. Antibiotics are not needed to treat this local reaction.

### After MMR vaccine

- some children may get "mini measles" with a rash and fever 6 to 10 days after the injection
  - on rare occasions, children may get "mini-mumps" with swelling in the jaw in the third week after vaccination
- These are not contagious.

**You can give your child paracetamol or ibuprofen to relieve aches and pains or to lower the fever.**

If you are concerned about your child the school vaccination team can be contacted during office hours from Monday to Friday at

If you require medical advice after these hours please contact your family doctor.



For more information see

[www.immunisation.ie](http://www.immunisation.ie)

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## Clár Vaccainithe Scoile 4 in 1 agus Teanndáileog MMR do Pháistí sna Naíonáin Sóisearacha

Ainm: \_\_\_\_\_

Dáta: \_\_\_\_\_

Am an vacsaínithe: \_\_\_\_\_

Tugadh na vacsaíní seo a leanas do d'pháiste inniu

4 in 1 ☐

MMR ☐

I measc na bhfrithghníomhartha a d'fhéadfaí a bheith ag súil leo tar éis na vacsaíní seo a leanas

- febréas sáimh
- Tinnéas at agús deighis san áit ar tugadh an t-innealladh in amara, d'fhéadfaí an lámh a bheith sídín ghruaim go dtí an uilleam. De ghráid, b'fhéadfadh sé beith de 2 lá i ndiaidh an vacsaínithe agus b'fhéadfadh sé tar éis 4-5 lá.

Nó theastaíonn frithghníomhú chun an frithghníomh seo a chosáil.

**Tar éis an vacsaínithe MMR**

- d'fhéadfaí comhairleigh a ghabháil le grian coimeas: agus fábhras (i go 10 lá i ndiaidh an innealladh)
- go hionann, d'fhéadfaí pláist an fábhras a bheith le h-éirí sa ríghal sa tríú seachtain i ndiaidh an innealladh.

Ní léir na bheith.

**D'fhéadfaí paracetamol nó ibuprofen a thabhairt do d'pháiste chun faoiseamh a thabhairt ar phian nó chun an fábhras a íallú.**

Má tá inni ort faoi do pháiste, is léir leat dul i dteagmháil leis an bhfoireann vacsaínithe scoile le linn uaireanta oifige. Luan go hAoine ar

Má theastaíonn comhairleigh leighis uait i ndiaidh na huairéanta seo, abian teagmháil le do dhochtúir teaghlaigh.

Tá tuairisc ar na h-ádhair [www.immunisation.ie](http://www.immunisation.ie)

Na h-ádhair ar na h-ádhair [www.immunisation.ie](http://www.immunisation.ie)

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## Clár Vaccainithe do scoileanna dara leibhéil



Ainm: \_\_\_\_\_

Dáta: \_\_\_\_\_

Am vacsaínithe: \_\_\_\_\_

Tugadh na vacsaíní seo a leanas do d'pháiste inniu

☐ HPV

☐ Tdap

☐ MenC

- I measc na ngnáth-frithghníomhartha a bhfuiltear ag súil leo i ndiaidh na vacsaíní seo tá
- pian, at nó deargadh san áit inar tugadh an innealladh (imionn sé seo tar éis lá nó dhó)
  - mearbhall
  - tinnéas cinn

Uaireanta mothaíonn do pháiste tinn nó bíonn fábhras éadrom air/uirthi. Bíonn grios nó aodh thochais ag páiste go fíor-annamh.

Is féidir leat paracetamol nó ibuprofen a thabhairt do d'pháiste chun na pianta a mhaolú nó chun an fábhras a íallú. Má bhíonn inni ort faoi do pháiste, faigh comhairle leighis.

Is féidir teagmháil a dhéanamh leis an bhfoireann vacsaínithe scoile le linn uaireanta oifige ón Luan go hAoine ag

Má theastaíonn comhairleigh leighis tar éis na huairéanta seo déan teagmháil le do dhochtúir teaghlaigh le do thoil.

Ba chóir duit scríobh chuig an fhoireann vacsaínithe roimh an chéad vacsaíniú eile má bhíonn

- Frithghníomh tromchúiseach in aghaidh na vacsaíní seo ag do pháiste
  - Aon athrú ar stair leighis do pháiste nó ar do thoilí
- Tabharfar taifead de vacsaíní do pháiste duit nuair a bheidh siad ar fad faighte. **Coinnigh an taifead seo sábháilte.**

Tuileadh eolais ar [www.immunisation.ie](http://www.immunisation.ie)



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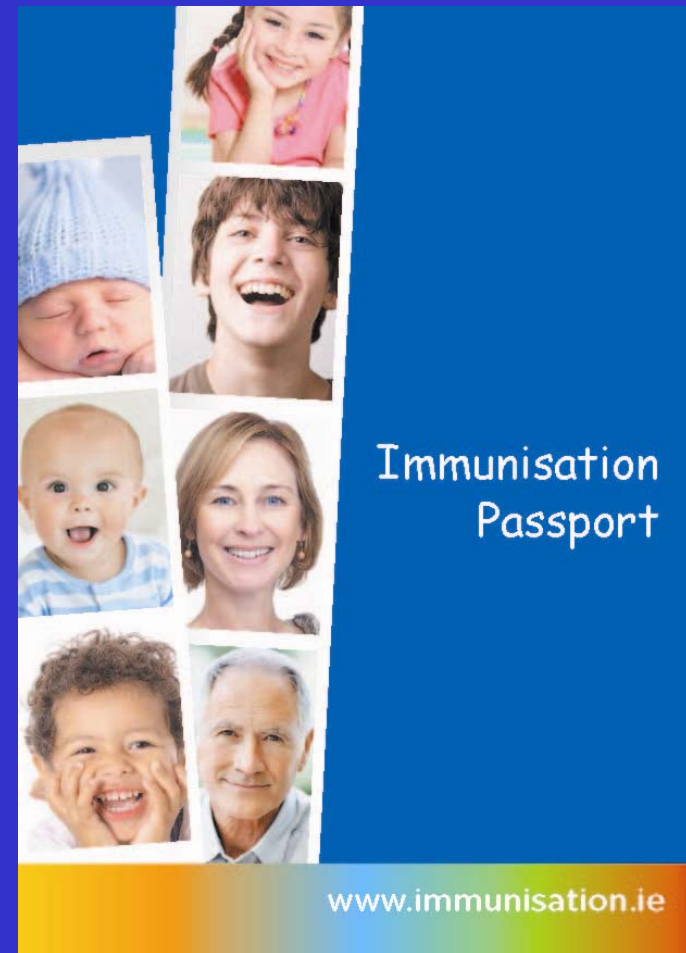
# Tearpads

- You must give the post vaccination advice to each child after each vaccination event.
- You do not have to fill in the information at the top i.e. name, date and time but it is recommended.
- You must give your office details so parents know who to contact if they have queries.



# Passports

- Give each child an “Immunisation Passport” if they do not bring one to their vaccination appointment.
- Record every vaccination.
- Passports from this years programme (2014/2015) may be used for the next academic year (2015/2016) if you have them in stock.





# What is now needed?

- Any additional comments please send in to [yvonne.morrissey@hse.ie](mailto:yvonne.morrissey@hse.ie) for consideration.
- Submit Phone Numbers for the parent letters
- Submit contact email and phone number for website
- Submit orders for upcoming academic year (on template provided)
- Recycle

