

Secondary school vaccination programme



Name: _____

Vaccination Date: ___ / ___ / _____

Time of vaccination: ___ : ___

Your child was given the following vaccines today

Visit _____ :	HPV _____	<input type="checkbox"/> LEFT ARM	<input type="checkbox"/> RIGHT ARM		Tdap	<input type="checkbox"/> LEFT ARM	<input type="checkbox"/> RIGHT ARM
Visit _____ :	HPV _____	<input type="checkbox"/> LEFT ARM	<input type="checkbox"/> RIGHT ARM		MenACWY	<input type="checkbox"/> LEFT ARM	<input type="checkbox"/> RIGHT ARM

Reactions that can sometimes happen include:

- soreness, swelling and redness where the injection was given (this usually passes after a day or two)
- dizziness
- headache

Occasionally your child may feel sick or have a mild fever. On rare occasions some children may have an itchy rash or hives.

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 please seek medical advice.

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 GP.

Before the next vaccine, you should contact the vaccination team if there has been any change to your child's medical history or your consent.

You will get a record of your child's vaccinations when they have all been completed. **Please keep this safe.**

For more information see

<https://bit.ly/Gardasil9Pil> <http://bit.ly/BoostrixPIL>
<https://bit.ly/NimenrixPil> www.immunisation.ie
www.hpv.ie

