<**Attorney’s name>**

<Street name>

<Town>

Restricted: Personal

00 November 2020

<County>

<Postcode>

**Covering letter for the Attorney of a
resident unable to consent for themselves**

Dear <name of Attorney>

**COVID-19 Vaccination for Residents and Staff**

I would like to inform you that we will soon be making COVID-19 vaccinations available to all our staff and residents.

Since <name of care home resident> is unable to give their own consent please indicate whether, as the person holding Lasting Power of Attorney for their Health and Welfare, you give consent for them to be given a course of COVID-19 vaccination.

If you don’t have Power of Attorney please do let us know and we can update our records.

This vaccination will be free of charge and our highest priority is delivering the vaccines to all care home staff and residents as soon as the vaccine is available.

Through vaccination of all our staff and residents we aim to help protect individuals from becoming unwell with or dying from COVID-19 disease. It will also help reduce the risk of COVID-19 outbreaks occurring in the home. Information about COVID-19 vaccines is available at: [www.gov.uk/government/collections/immunisation](https://www.gov.uk/government/collections/immunisation) and [www.nhs.uk/conditions/coronavirus-covid-19/coronavirus-vaccination/coronavirus-vaccine](http://www.nhs.uk/conditions/coronavirus-covid-19/coronavirus-vaccination/coronavirus-vaccine)

Indications are that some vaccine recipients may experience a painful heavy arm where they had the injection and may feel tired or have a mild fever for a couple of days. These are common side effects following vaccination and our staff will be mindful of these and do all they can to help keep residents as comfortable as possible following their vaccination. Please read the product information for more details on the vaccine and possible side effects by searching Coronavirus Yellow Card. You can also report suspected side effects on the same website or by downloading the Yellow Card app.

During the vaccination delivery we will maintain the range of measures we have in place to keep our staff and residents safe from COVID-19. Staff giving the vaccine will be wearing personal protective equipment and will abide by all our cleaning and disinfection requirements.

Once we have your consent, we will schedule the vaccination appointments. Please note two doses of the vaccine may be required.

Please confirm your consent by returning the attached form to the care provider.

By consenting you will be playing your part in protecting all residents and staff from catching and spreading COVID-19.

Best wishes,

**<Name>**

<Job title>

<Care home name>