

Flu Immunisation Consent Form 2020

Parent / Guardian to fully complete (Blue/Black Ink)

SECTION 1 - Student details

| | | |
|--|--------------------------------|----------------------|
| First name | Last name | Known as: |
| Date of Birth: | Gender: Girl Boy | School Name: |
| NHS No.: <small>(Found in Red Book)</small> | Home Telephone No: | Year & Class: |
| Home Address: | | GP Name and Address: |
| Post Code: | Parent/Guardian Mobile No: | |

NB. The Nasal Flu Spray is a live vaccine which contains gelatine derived from pigs (porcine gelatine). There is no suitable alternative flu vaccine available for otherwise healthy children. More information for parents/guardians is available from www.nhs.uk/child-flu

SECTION 2 -- Consent (please confirm YES or NO by putting a tick in one box)

| | |
|---|---|
| <input type="checkbox"/> YES, I consent for my child to receive the Flu Immunisation. I confirm I have parental responsibility. Please now complete Section 3 and 4. | <input type="checkbox"/> NO, I DO NOT give consent for my child to receive the Flu Immunisation. I confirm I have parental responsibility. Please now complete Section 4 |
|---|---|

If 'NO' please give reason(s) below:

SECTION 3 – Child's health questions (only complete if consenting to the nasal flu vaccine)

| | |
|---|---|
| Has your child been diagnosed with Asthma? Yes <input type="checkbox"/> or No <input type="checkbox"/> | Has your child already had the flu vaccine in the last 6 months? |
| If Yes , has your child taken steroid tablets because of their asthma within the past two weeks? Yes <input type="checkbox"/> or No <input type="checkbox"/> | Does your child have a disease or treatment that severely affects their immune system? <i>(e.g. treatment for leukaemia)</i> Yes* <input type="checkbox"/> No <input type="checkbox"/> |
| Has your child ever been admitted to intensive care because of their asthma? Yes <input type="checkbox"/> or No <input type="checkbox"/> | Is anyone in your family currently having treatment that severely affects their immune system? <i>(e.g. they need to be kept in isolation)</i> Yes* <input type="checkbox"/> <input type="checkbox"/> No |
| Please let the immunisation team know if your child has to increase their asthma medication prior to the Immunisation session taking place at school. | Does your child have a severe egg allergy? <i>(needing intensive care)</i> Yes* <input type="checkbox"/> No <input type="checkbox"/> |
| | Is your child receiving salicylate medication? <i>(i.e. aspirin)</i> Yes* <input type="checkbox"/> No <input type="checkbox"/> |
| | *If you answered Yes to any of the above, please give details: If your child has been wheezy or had an asthma attack in the 3 days before immunisation day, please ask the school to inform the nurse. |

SECTION 4 – To be completed by person with parental responsibility

| | | |
|-------------------------------|---------------------|-------|
| Signature of Parent/Guardian: | Full Name (Printed) | Date: |
| | Relationship: | / / |

FOR OFFICE USE ONLY

| Date of vaccine | Batch Number & Expiry Date | Vaccine administered by Print & Sign | Where administered |
|---|----------------------------|---|--|
| | | | School <input type="checkbox"/> Catch up in school <input type="checkbox"/> Catch up clinic <input type="checkbox"/> |
| PPE worn YES <input type="checkbox"/> NO <input type="checkbox"/> | | | |

¹ Asthmatic child not eligible on the day of the session due to deterioration in their asthma control should be offered inactivated vaccine if their condition doesn't improve within 72 hrs to avoid a delay in vaccinating this 'at risk' group.

Nurse notes –

| Date and Time | Note | Print and sign |
|---------------|------|----------------|
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