

Flu immunisation consent form

To be completed by a parent/guardian

Student details (please complete ALL sections)	
First name:	Surname:
Date of birth:	Sex: Female <input type="checkbox"/> Male <input type="checkbox"/>
Home address:	Class:
Postcode:	Year Group:
Contact number:	School:
Health questions	
<p>Has your child been diagnosed with Asthma?</p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>If Yes, and your child is currently taking inhaled steroids (i.e. uses a preventer or regular inhaler), please enter the medication name and daily dose (e.g. <i>Budesonide 100 micrograms, four puffs per day</i>):</p> <p>If Yes, and your child has taken steroid tablets because of their asthma in the past two weeks please enter the name, dose and length of course:</p> <p>Please let the immunisation team know if your child has to increase his or her asthma medication after you have returned this form</p>	<p>Has your child already had a flu vaccination since September 2019? Yes* <input type="checkbox"/> No <input type="checkbox"/></p>
	<p>Does your child have a disease or treatment that severely affects their immune system? (e.g. treatment for leukaemia) Yes* <input type="checkbox"/> No <input type="checkbox"/></p>
	<p>Is anyone in your family currently having treatment that affects their immune system? (e.g. they need to be kept in isolation) Yes* <input type="checkbox"/> No <input type="checkbox"/></p>
	<p>Does your child have a severe egg allergy? (needing hospital care) Yes* <input type="checkbox"/> No <input type="checkbox"/></p>
	<p>Is your child receiving salicylate therapy? (i.e. aspirin) Yes* <input type="checkbox"/> No <input type="checkbox"/></p>
	<p>*If you answered Yes to any of the above, please give details</p> <p>On the day of the vaccination, please let the immunisation team know if your child has been wheezy in the past three days (Please find out what date your child is due their vaccinations by asking a member of the school staff.)</p>
Consent for immunisation (please tick YES or NO)	
<input type="checkbox"/> YES , I consent for my child to receive the flu immunisation. Vaccine information will be shared with your GP and your child's health record	<input type="checkbox"/> NO , I DO NOT consent to my child receiving the flu immunisation
Signature of parent/guardian (with parental responsibility)	Date (DD/MM/YYYY)

Note: The nasal flu vaccine contains trace amounts of products derived from pigs (porcine gelatine). If the vaccine is refused due to this content, only children who are at high risk from flu due to a medical condition will be offered an alternative injected vaccine. More information is available from www.nhs.uk/child-flu-FAQ

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FOR OFFICE USE ONLY

Pre session eligibility assessment for live attenuated influenza vaccine LAIV

Child eligible for LAIV

YES NO

If no, give details:

Additional information:

Assessment completed by

Name, designation and signature:

Date:

Eligibility assessment on day of vaccination

Has the parent/child reported the child being wheezy over the past three days?

Yes No

If the child has asthma, has the parent/child reported:

• Use of steroids in the past 14 days:

Yes No

• An increase in inhaled steroids since consent form completed?

Yes No

Child eligible for LAIV

Yes No

If no, give details:

Vaccine details

Date:

Batch number:

Expiry date:

Administered by

Name, designation and signature:

Date:

¹ Asthmatic children 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.