

Flu Immunisation Consent Form

Parent/Guardian to complete

| Student Details | | | |
|--|--|---|--|
| Surname: | | First Name: | |
| Date of Birth: | Gender: Girl <input type="checkbox"/> Boy <input type="checkbox"/> | School and Class: | |
| NHS Number (if known): | Home Telephone: | GP Name and Address: | |
| Home Address: | Parent/Guardian Mobile: | | |
| Post Code: | | | |
| <p>Has your child been diagnosed with asthma? 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 4 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 give details:</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>Does your GP consider your child to be in a high risk group for influenza? Yes* <input type="checkbox"/> No <input type="checkbox"/></p> <p>Is your child currently having treatment that severely affects their immune system? (For example they are receiving treatment for leukaemia) Yes* <input type="checkbox"/> No <input type="checkbox"/></p> <p>Is anyone in your family currently having treatment that severely affects their immune system? (For example they need to be kept in isolation) Yes* <input type="checkbox"/> No <input type="checkbox"/></p> <p>Is your child allergic to eggs? Yes* <input type="checkbox"/> No <input type="checkbox"/></p> <p>Is your child allergic to anything else? 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 vaccination, please inform the immunisation team if your child has been wheezy in the previous week.</p> | |
| <p>NB. The nasal flu vaccine contains products derived from pigs (porcine gelatine). There is no suitable alternative flu vaccine available for otherwise healthy children. For more information on the flu vaccination programme, go to www.gov.uk/government/collections/annual-flu-programme.</p> | | | |
| Consent for Immunisation (please tick YES or NO) | | | |
| <input type="checkbox"/> YES , I consent for my child to receive the flu immunisation | | <input type="checkbox"/> NO , I DO NOT consent to my child receiving the flu immunisation. Please give reason(s) below: | |
| Signature of parent/guardian (with parental responsibility): Date | | Signature of parent/guardian (with parental responsibility): Date | |

FOR OFFICE USE ONLY

Pre session eligibility assessment for the administration of Nasal Flu Vaccine (Triage)

Any additional information required? Record investigation here

Yes ☐ No ☐

Is the child eligible for nasal vaccine?

Yes ☐ No ☐

(reasons for No)

Triage assessment completed by

Name, designation and signature:

Date:

Eligibility assessment and Supply of vaccine on day of vaccination

Has the parent/child reported the child being wheezy over the past 7 days?

Yes ☐ No ☐

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

- Use of oral steroids in the past 14 days?
- An increase in inhaled steroids since consent form completed?

Yes ☐ No ☐

Yes ☐ No ☐

Does the child appear clinically well today?

Yes ☐ No ☐

Does the child display any signs of fever?

Yes ☐ No ☐

If yes please record temperature here –

Is the child eligible for vaccination today?

Yes ☐ No ☐

(reasons for No)

Vaccine supplied

Batch number

Expiry date

Assessed and supplied by (Name, designation and signature)

Date:

Vaccine Administration Details –

Date

Time Given

Left Nostril – Yes ☐ No ☐: Right Nostril – Yes ☐ No ☐

Administered by –

(Name, designation and signature)