Children and Family Health Surrey

NHS

Nasal Flu Immunisation Consent Form

Information about this vaccination will be put on your child's health records, including records at their GP surgery and those held by the NHS.

Child's Surname (BLOCK LETTERS)	Child's Forenames	Sex M / F	Ethnicity	Date of Birth
Daytime Contact Number	Address (BLOCK LETTERS) **inc. postcode**			
School: Year Group:R ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐	Family Doctor address & telephone number			

Since **September 2017** has your child already received a flu immunisation**?**	**YES** ☐	**NO** ☐
Has your child ever had a nasal flu vaccination?	**YES** ☐	**NO** ☐
Is your child currently receiving treatment that severely affects their immune system? *(for example are they receiving treatment for leukaemia)* see leaflet page 9	**YES** ☐	**NO** ☐
Is anyone in your household currently or recently receiving treatment that severely affects their immune system *(for example chemotherapy or nursed in isolation)*	**YES** ☐	**NO** ☐
Does your child have a severe egg allergy? *(resulting in anaphylaxis)*	**YES** ☐	**NO** ☐
Is your child receiving salicylate therapy? *(ie: aspirin)*	**YES** ☐	**NO** ☐
Does your child have long term health conditions? *(if so, please give details)* see leaflet page 7	**YES** ☐	**NO** ☐
Has your child been diagnosed with asthma?	**YES** ☐	**NO** ☐

If **Yes,** and your child is currently taking inhaled steroids (ie: uses a preventer or regular inhaler), please enter the medication **name and daily dose** (*(eg Budesonide 100 micrograms, four puffs a day)*

If **Yes,** and your child has taken steroid tablets because of their asthma in the past two weeks please give details:

Please let the immunisation team know if your child has had to increase his or her asthma medication after you have returned this form. On the day of immunisation, please let the immunisation team know if your child has been wheezy in the past three days.

PARENTAL CONSENT FOR IMMUNISATION (please complete YES or NO section)

YES, I DO CONSENT for my child to receive the flu immunisation **Signature of parent/guardian** …… Relationship to child…… Date……	**NO, I DO NOT CONSENT** to my child receiving the flu immunisation **Signature of parent/guardian** …… Relationship to child…… Date……

For Completion by nursing staff

Uncomplicated triage eligible for nasal flu immunisation	**YES** ☐	**NO** ☐
For nurse assessment	**YES** ☐	**NO** ☐
Any pre session nurse action		
Triaged by:	Date:	

FOR MEDICAL USE ON DAY OF IMMUNISATION

Has the parent reported health contraindications on day of immunisation	**YES** ☐	**NO** ☐
Child appears clinically well and eligible for Nasal Flu?	**YES** ☐	**NO** ☐

Asthmatic children on day of immunisation

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 oral steroids in the past 14 days	**YES** ☐	**NO** ☐
• an increase in inhaled steroids since consent form completed?	**YES** ☐	**NO** ☐
Child eligible for Nasal Flu?	**YES** ☐	**NO** ☐

Child does not meet PGD criteria and nurse action

Date …… Signature …… Designation ……

Action entered on child's electronic records YES

FCHC staff to complete on day of immunisation only for vaccine supply under SOP

Child assessed and vaccine supplied by:

Name	Designation	Signature	**Child in clinical at risk group** **YES** ☐ **NO** ☐

Immunisation details

Date:	**Batch Number:**	**Expiry Date:**	**Left nostril** **YES / NO**	**Right nostril** **YES / NO**
Administered By: Name:	**Designation:**	**Signature:**	**Child in clinical at risk group** **YES** ☐ **NO** ☐	
Not Given	**Rationale**	**Action**	**Signature**	

***Asthmatic children not eligible on the day of the session due to deterioration in their asthma control should be sign posted to their GP Surgery for inactivated vaccine to avoid a delay in vaccinating this 'at risk' group.**