# FLU IMMUNISATION CONSENT FORM 2018-19

| Student details – Parent/Guardian to complete | | | |
|---|---|---|---|
| **First Name:** | **Surname:** | **Gender:** Girl ☐ Boy ☐ | |
| **Date of birth:** | **Home telephone:** | **School Name and class & year:** | |
| **NHS number *(if known)*:** | **Parent/guardian mobile:** | | |
| **Home address:**<br><br>**Post code:** | **Email address:** | **GP name and address:** | |

***Please answer fully and provide additional information to any questions answered 'yes' overleaf**

**Has your child received a flu vaccination since 1st September 2018?** Yes*☐ No☐
*If your child receives a flu vaccination outside of school after returning this form please notify the immunisation team immediately.*

**Has your child ever had a flu vaccine before?** Yes*☐ No☐

**Does your child have a disease or treatment that severely affects their immune system?** Yes*☐ No☐
*(e.g. chemotherapy or radiotherapy treatment for cancer or long-term steroid use)*

**Is anyone in your family currently having treatment that severely affects their immune system**? Yes*☐ No☐
*(e.g. they need to be kept in isolation)*

**Does your child have a severe egg allergy?** ***(that has needed hospital treatment)*** Yes*☐ No☐

**Has your child ever had an allergic reaction to a vaccine or medication?** Yes*☐ No☐

**Is your child taking aspirin or any other salicylate therapy?** Yes*☐ No☐

**Has your child been diagnosed with Asthma?** Yes*☐ No☐
*If yes, do they take inhaled steroids (i.e use a preventer or regular inhaler)?*
Please list the name/s and dose/s of all asthma medication taken:

**Does your child have any of the following conditions?** Yes*☐ No☐

- Respiratory Disease (other than asthma)
- Heart conditions (e.g. congenital heart disease) or liver or kidney disease
- Chronic Neurological Disease (e.g. cerebral palsy, M.E, learning difficulties).
- Diabetes or Spleen dysfunction (including coeliac syndrome, sickle cell disease)
- Cleft lip / palette awaiting repair

**PLEASE REMEMBER TO LET THE IMMUNISATION TEAM KNOW IF YOUR CHILD HAS TO INCREASE THEIR ASTHMA MEDICATION AFTER YOU HAVE RETURNED THIS FORM, OR IF YOUR CHILD HAS BEEN WHEEZY IN THE THREE DAYS PRIOR TO THE BOOKED IMMUNISATION SESSION – THANK YOU**

The nasal flu vaccine contains 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

A record of your child's immunisation is held on the child health information system and will be shared with their GP. It is protected by the principles of the Data Protection Act 1998

| Consent for immunisation (please tick YES or NO) | |
|---|---|
| **YES**, I consent for my child to receive the flu immunisation. | **NO,** I DO NOT consent to my child receiving the flu Immunisations. Please give reason (s) overleaf |
| Signature of parent/guardian *(with legal parental responsibility):* | Date DD/MM/YY |

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| Additional information (to be used by parent/guardian if required) |
|---|
| |

## FOR OFFICE USE ONLY

**Pre session eligibility assessment for live attenuated vaccine LAIV**

Child eligible for LAIV Yes ☐ No ☐ (If No, give details)

Additional Information:

**Assessment completed by**: Admin Team ☐ Nurse ☐

Name & signature: Date:

**Eligibility assessment on the day of vaccination**

Has parent/child reported the child being wheezy over the past 3 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 LAIV** Yes ☐ No ☐

**Reason if not vaccinated:**

☐ Asthma*
☐ Child Refusal
☐ Child unwell on day of vaccination
☐ Contraindications
☐ Receiving vaccination at GP
☐ Other

**Vaccination Details: Nasal Influenza Vaccine given under PGD**

Date: Time: Batch Number: Expiry Date:

Administered by:

Name, designation & signature:

*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.