

# Flu immunisation consent form 2020/21

Please complete one per child and return immediately to school in the original envelope.

This document can be provided in other formats and languages, please contact us:

Haddii aad u baahatid dokumentigan luqad kale, fadlan tag:

إذا كنت تحتاج إلى هذا المستند بلغة أخرى ، فيرجى الانتقال إلى:

Jeśli potrzebujesz tego dokumentu w innym języku, przejdź do:

[sirona.communications@nhs.net](mailto:sirona.communications@nhs.net)

## Student details

Surname:	First name:
Date of birth: ____ / ____ /20____	NHS number (if known):
Home address:	School:
	Year group:
Post code:	Class:
GP name and address:	Parent/guardian mobile:
	Home telephone:

We collect information on ethnicity and gender to help us understand needs and to tailor our services. The information from this form also helps us to make sure our services are fair and promote equality.

Ethnic origin:	Gender:
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## Health information

Has your child received a flu vaccination since September 2020?	YES	No
Is your child receiving salicylate therapy? i.e. prescribed aspirin	YES	No
Is your child on any other regular medication?	YES	No
Has your child had a severe (anaphylactic) allergic reaction to any previous vaccines?	YES	No
Does your child have an illness/receive treatment that severely affects their immune system? e.g. treatment for leukaemia	YES	No
Does your child have close contact with anyone having treatment that affects their immune system? e.g. they need to be kept in isolation?	YES	No
Does your child have a severe egg allergy (needing emergency treatment)?	YES	No
<b>ASTHMA:</b> Has your child been diagnosed with asthma?	YES	No

- 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 in the box below (e.g. Budesonide 100 micrograms, four puffs per day)
  - If **Yes**, and your child has taken steroid tablets because of their asthma in the past two weeks, please give details below.
- Please let the immunisation team know if your child has had to increase their asthma medication after you have returned this form. **On the day of vaccination, let the immunisation team know if your child has been wheezy in the past 3 days.**

\*If you answered **Yes** to any of the above, please give details:

Please let the immunisation team know if your child has to increase their asthma medication after you have returned this form.

If your child has any other health needs please give details:

The nasal flu vaccine contains products derived from pigs (porcine gelatine). There is no suitable alternative flu vaccine available for otherwise healthy children. More information for parents is available from [www.bit.ly/childrens-flu-vaccine](http://www.bit.ly/childrens-flu-vaccine).

## Consent for immunisation (please tick YES or NO)

<input type="checkbox"/> <b>YES</b> I consent for my child to receive the flu immunisation and I have read and understood the information about the flu nasal spray.	<input type="checkbox"/> <b>NO</b> I do not consent to my child receiving the flu immunisation and I have read and understood the information about the flu nasal spray. If 'NO' please give reason(s):
Date ____ / ____ /2020	Date ____ / ____ /2020

Signature of parent/carer (with parental responsibility):

**PLEASE PRINT NAME AND RELATIONSHIP TO CHILD:**

Please note that information about your child's immunisation will be shared with your GP, NHS and related organisations. We may need to contact you if we need further clarification. If you change your mind about consent please contact us on 01275 373104. Changes must be notified to us at least **two working days before the school immunisation clinic date.**

**TO BE COMPLETED BY IMMUNISATION TEAM NURSE****Pre session eligibility assessment for live attenuated influenza vaccine LAIV**

Child eligible for LAIV?	YES		No	
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If no, give details

Additional information:

**Assessment completed by:**

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Designation: \_\_\_\_\_ Signature: \_\_\_\_\_

**Eligibility assessment on day of vaccination<sup>1</sup>**

Has the parent/child reported the child being wheezy over the past three days?	YES		No	
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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	
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**Vaccine details**

Date:	Time:	Batch number:	Expiry date:

**Administered by**

Name:	Date:	Designation: Registered Nurse	Signature:

Invite to clinic	YES		No	
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<sup>1</sup> 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 hours to avoid a delay in vaccinating this 'at risk' group.

**Privacy statement**

This service is provided by Sirona care & health, as part of the Community Children's Health Partnership (CCHP).

Keeping your personal information safe and secure is important to us – so we've updated our privacy notice to reflect the changes in data protection laws. For more detailed information on how we protect your information, you can read our Privacy Notice at [www.sirona-cic.org.uk/policies](http://www.sirona-cic.org.uk/policies).

If you have any queries about how your personal information is used or your rights, please contact our Data Protection Officer:

Email: [sirona.governance@nhs.net](mailto:sirona.governance@nhs.net)

Telephone: 0300 124 5403

Post: Data Protection Officer, Sirona care & health, 2nd Floor, Kingswood Civic Centre, High Street, Kingswood, Bristol, BS15 9TR