

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, four puffs per day</i>).</p> <p>Please let the school know if your child has to increase his or her asthma medication after you have returned this form.</p>	Please list any vaccinations given in the last 6 months:
	Does your child have a disease or treatment that severely affects their immune system? (e.g. <i>treatment for leukaemia</i>) Yes* <input type="checkbox"/> No <input type="checkbox"/>
	Is anyone in your family currently having treatment that severely affects their immune system? (e.g. <i>they need to be kept in isolation</i>) Yes* <input type="checkbox"/> No <input type="checkbox"/>
	Does your child have a severe egg allergy? (needing intensive care) Yes* <input type="checkbox"/> No <input type="checkbox"/>
	Is your child receiving salicylate therapy? (i.e. <i>aspirin</i>) Yes* <input type="checkbox"/> No <input type="checkbox"/>
	*If you answered Yes to any of the above, please give details:
	On the day of vaccination, please let the immunisation team know if your child has been wheezy in the past three days.

NB. 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.nhs.uk/child-flu

Consent for immunisation (please tick YES or NO)

YES, I consent for my child to receive the flu immunisation, I can confirm I have parental Responsibility.

NO, I DO NOT consent to my child receiving the flu immunisation.

If 'NO' please give reason(s) below:

Print Name

Signature of parent/guardian

Date

/ /

FOR OFFICE USE ONLY

Date of vaccine	Batch Number & Expiry Date	Assessment completed Print & Sign	Vaccine administered by Print & Sign	Where administered (School, college, GP etc).

'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.