

Flu immunisation consent form

Parent/guardian to complete – please PRINT in black ink

Student details		
Surname:	First name:	
Date of birth:	Gender: Girl <input type="checkbox"/> Boy <input type="checkbox"/>	School : Year Group: Class:
NHS number (if known):	Medical conditions: Yes / No Please detail below:	Regular medication: Yes / No Please write name and dose below:
Home address and postcode:	Known Allergies: Yes / No Please detail below:	
Parent name: Preferred telephone number:		

<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>If Yes, and your child has taken steroid tablets because of their asthma in the past two weeks please enter the name, dose and length of course:</p> <p>Please let the school nurse know if your child has to increase his or her asthma medication after you have returned this form.</p>	<p>Has your child already had a flu vaccination since September 2019? Yes* <input type="checkbox"/> No <input type="checkbox"/></p>
	<p>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"/></p>
	<p>Is anyone in your family currently having treatment that severely affects their immune system and requires them to be in isolation? (e.g. <i>they have had a bone marrow transplant</i>) Yes* <input type="checkbox"/> No <input type="checkbox"/></p>
	<p>Does your child have a severe egg allergy/anaphylaxis? (Anaphylaxis that has required ITU admission) Yes* <input type="checkbox"/> No <input type="checkbox"/></p>
	<p>Is your child receiving salicylate therapy? (i.e. <i>aspirin</i>) Yes* <input type="checkbox"/> No <input type="checkbox"/></p>
	<p>*If you answered Yes to any of the above, please give details:</p> <p style="text-align: center;"><u>IMPORTANT INFORMATION</u></p> <p>On the day of vaccination, please let the school nurse know if your child has been wheezy in the past three days or has been on a course of steroids in the past 2 weeks.</p>

NB. 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

Consent for immunisation	
<input type="checkbox"/> YES. I consent for my child to receive the flu immunisation in school.	
<p>Important Information: If your child is unwell in the 48 hours prior to the vaccination date, please contact your school and leave a message for the School Nursing team. The nurse will assess your child on the day of vaccination to ensure they are well and able to receive the vaccine.</p>	
Signature of parent/guardian (with parental responsibility):	Date DD/MM/YYYY

