

Flu Immunisation consent form

Flu can be very unpleasant for children and sometimes may require hospital admission. Vaccination helps protect your child against flu and reduces the chance of others catching flu from them. Most children are offered nasal flu spray immunisation which is quick and easy to administer and offers the best protection for children. **Please complete the questions below as a small number of children cannot have the nasal spray because of medical conditions or treatments and can be offered protection through an alternative injectable flu immunization.** The nasal flu spray contains a small amount of gelatine from pigs (porcine gelatine) to keep the immunisation stable. If you do not wish your child to have an immunisation containing porcine an injectable immunisation is available with no gelatine. Please complete the yellow box below Yes I want my child to have the alternative injectable flu immunisation due to. The school aged immunisation team can answer any questions you have. More information is available in leaflets found: www.gov.uk/government/publications/flu-vaccination-leaflets-and-posters and www.nhs.uk/child-flu

Child's full name:		
Home address and postcode:		
NHS number: (if known)	Date of birth:	School year:
School:	Daytime telephone number for parent/guardian/carer:	
GP name and address:	Ethnicity:	

Has your child required steroid tablets in the last 2 weeks to manage their asthma? *	Yes []	No []
Does your child have a disease or treatment that severely affects their immune system? (e.g. Treatment for leukemia)	Yes []	No []
Is anyone in your family currently having treatment that severely affects their immune system? (e.g. they need to be kept in isolation)	Yes []	No []
Does your child have a severe egg allergy or severe allergy, anaphylactic reaction to anything? (Needing intensive care)	Yes []	No []
Is your child receiving salicylate therapy? (i.e. Aspirin)?	Yes []	No []
Does your child have a bleeding or bruising disorder?	Yes []	No []
Are there any other medical conditions or recent/planned medical treatment that the immunisation team should be aware of?	Yes []	No []

***Please inform the Immunisation team if your child's asthma deteriorates and you have had to increase their medication after you have returned this form.**

If you answered **YES** to any of the above, the Immunisation team may need to contact you for further information please include a contact telephone number.

Person with parental responsibility please complete one box below and add reason if not choosing nasal flu to help us understand your wishes, then return this form to the school office

YES, I want my child to have the nasal flu immunisation	NO I do not want my child to receive any flu immunisation due to	YES I want my child to have the alternative injectable flu immunisation due to
Parent/carer name:	Parent/carer name:	Parent/carer name:
Signature:	Signature:	Signature:
Date:	Date:	Date:

Thank you for completing this form. The information provided will be transcribed onto the Econsent system.

If you wish to amend your form or have attended the GP for your child's flu Immunisation you must contact your Local Immunisation Team directly and not leave messages with school.

Liverpool Schools: 0151 295 3833 or email mcn-tr.vacandimms.team@nhs.net
 Knowsley Schools: 0151 351 8805 or email mcn-tr.knowsleyimmunisationteam@nhs.net
 Sefton Schools: 0151 247 6130 or email mcn-tr.seftonimmunisationteam@nhs.net
 St Helens Schools: 01744 415 645 or email mcn-tr.immssth@nhs.net

FOR OFFICE USE ONLY. NURSE TO COMPLETE. Signature:
 Date:

Pre session triage

Child eligible for Flu Immunisation (consent form signed, no contraindications) Yes No
 Comments:

Assessment on session day

Heavy nasal congestion on the day of vaccination Yes No
 If the child has asthma, has the parent/carer/child reported:
 • use of oral steroids in the past 14 days? Yes No
 • has the parent/carer/child reported being wheezy, having an asthma attack or needing more reliever inhaler over the past three days? Yes No
 • Child eligible for LAIV Yes No If no, give details:
 • Child eligible for IIV Yes No If no, give details:

Assessment completed by (RN at session)
 Name:
 Signature:

Immunisation details

Date	Time	Immunisation Type (please circle)		Site of injection, if applicable (please circle)		Batch number	Expiry date
		LAIV	IIV	L arm	R arm		

Administration details (CSW) to be completed where supplied or (RN) vaccinating

Name:
 Signature:

Form Transcribed Information Please tick as Completed (Paper forms to be retained until end of campaign)			Transcribed by (Staff member)
Pre Session <input type="checkbox"/>	Post session (go to next box) <input type="checkbox"/>	Assessment and Vaccination details updated on Econsent <input type="checkbox"/>	

NB. Asthmatic children not eligible on the day of the session due to deterioration in their asthma control should be advised to attend their GP and offered inactivate immunisation if their condition doesn't improve within 72 hours to avoid a delay in vaccinating this 'at risk' group.

Additional Information: