



# Flu immunisation consent form

Parent/guardian to complete

Student details	
Surname:	First name:
Date of birth:	Gender: <b>Girl</b> <input type="checkbox"/> <b>Boy</b> <input type="checkbox"/>
Home address:	Home Tel No:
	Parent/Guardian mobile:
Post code:	School and class:
	GP name and address:
<b>Has your child been diagnosed with asthma?</b> <b>Yes</b> <input type="checkbox"/> <b>No</b> <input type="checkbox"/>	
If <b>Yes</b> , 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> ):	
If <b>Yes</b> , and your child has taken steroid tablets because of their asthma in the past two weeks please give details:	
<b>Please let the immunisation team know if your child has to increase his or her asthma medication after you have returned this form.</b>	
<b>Has your child already had a flu vaccination in autumn 2016?</b> <b>Yes*</b> <input type="checkbox"/> <b>No</b> <input type="checkbox"/>	
<b>Is your child currently having treatment that severely affects their immune system? (For example they are receiving treatment for leukaemia)</b> <b>Yes*</b> <input type="checkbox"/> <b>No</b> <input type="checkbox"/>	
<b>Is anyone in your family currently having treatment that severely affects their immune system? (for example they need to be kept in isolation)</b> <b>Yes*</b> <input type="checkbox"/> <b>No</b> <input type="checkbox"/>	
<b>Does your child have a severe egg allergy? (needing hospital care)</b> <b>Yes*</b> <input type="checkbox"/> <b>No</b> <input type="checkbox"/>	
<b>Is your child receiving salicylate therapy? (i.e. aspirin)</b> <b>Yes*</b> <input type="checkbox"/> <b>No</b> <input type="checkbox"/>	
* If you answered <b>Yes</b> to any of the above, please give details:	
<b>On the day of vaccination, please let the immunisation team know if your child has been wheezy in the past three days.</b>	
<b>NB.</b> The nasal flu vaccine contains products derived from pigs (porcine gelatine). There is no suitable alternative flu vaccine available for otherwise healthy children. For more information on the flu vaccination programme, go to <a href="http://www.gov.uk/government/collections/annual-flu-programme">www.gov.uk/government/collections/annual-flu-programme</a>	
Consent for immunisation (please tick Yes or No)	
<input type="checkbox"/> <b>YES</b> , I consent for my child to receive the flu immunisation.	<input type="checkbox"/> <b>NO</b> , I DO NOT consent to my child receiving the flu immunisation.
If 'NO' please give reason(s) below:	
Signature of parent/guardian (with parental responsibility):	

.....School



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## FOR OFFICE USE ONLY

### Pre session eligibility assessment for Fluenz Tetra

Child eligible for Fluenz    **Yes** ☐    **No** ☐

Reason:

Additional information:

### Assessment completed by

Name, designation and signature:

Date:

### 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** ☐

If the child has asthma, has the parent/child reported:

- use of oral steroids in the past 14 days?
- an increase in inhaled steroids since consent form completed?

**Yes** ☐    **No** ☐

**Yes** ☐    **No** ☐

Child eligible for Fluenz Tetra

Reason:

**Yes** ☐    **No** ☐

### Vaccine details:

Time:

Batch number:

Expiry date:

### Administered by:

Name, designation and signature:

Date:

<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 hrs to avoid a delay in vaccinating this 'at risk' group.

.....School