

The Flu

This booklet will tell you what to expect from your flu vaccination



Consent form

- You will be given your consent form

INFLUENZA VACCINATION CONSENT FORM 2019 / 2020				NHS	
PLEASE COMPLETE USING BLOCK CAPITALS IN BLACK INK				Sussex Community NHS Foundation Trust	
<p>The GSA sheet that accompanies this form lets you about the influenza vaccination and why it is being offered. If you have any questions, please contact the Immunisation Team or visit the NHS Choices website www.nhs.uk (search for flu vaccine) or send an email to sc-tr.flu@nhs.net</p> <p>Please ensure ALL boxes marked (*) below are complete; any missing information may result in your child not being vaccinated on the day of the school session.</p>					
Legal SURNAME:*		Legal Forename:*		Date of Birth:*	
				DD MM YYYY Male <input type="checkbox"/>	
				Female <input type="checkbox"/>	
Name known as, if different:					
Contact Telephone Number(s) for Parent(s) / Guardian(s)* <small>We may use this number call or send a text regarding this vaccination</small>			Home Address:*		
			Postcode:*		
GP Surgery:*			NHS Number (if known):		
School:*			Year Group:*		Class Name:
Please tick either YES or NO for all of the following questions.					
				YES	NO
Does the above named child have any severe allergies to egg, gentamicin or previous flu vaccination?*				<input type="checkbox"/>	<input type="checkbox"/>
Is the above named child immunocompromised? E.g. undergoing treatment for Leukaemia or in isolation.*				<input type="checkbox"/>	<input type="checkbox"/>
Are any household members having treatment that severely affects their immune system requiring isolation? E.g. chemotherapy, bone marrow transplant. If so, avoid close contact with them for 2 weeks.				<input type="checkbox"/>	<input type="checkbox"/>
Is the above named child taking any medication? If yes, give details of medication and doses below E.g. inhalers, immunosuppressants etc.				<input type="checkbox"/>	<input type="checkbox"/>
Medication – extra information		Dose		Times	
Consent for Influenza Vaccination Programme (please complete one box only)*					
<p style="text-align: center;">YES, I CONSENT</p> <p>for the above named child to receive the influenza vaccine.</p> <p>By signing this form I confirm the following statements: I confirm I have parental responsibility for the above named child. I have read and understood the information given to me about the influenza nasal vaccine. I understand that this information will be held in the above named child's health records and also shared with their GP.</p> <p>Full Name of Person with Parental Responsibility:</p> <p>Signature of Person with Parental Responsibility:</p> <p>Date:</p>			<p style="text-align: center;">NO, I DO NOT CONSENT</p> <p>for the above named child to have the influenza vaccine.</p> <p>Please tick reason for declining below and return form to the school.</p> <p><input type="checkbox"/> My child has had the vaccine in the past four months. <input type="checkbox"/> Do not feel that the vaccine is necessary. <input type="checkbox"/> Due to a previous allergic reaction to the vaccine. <input type="checkbox"/> Due to the contents of the vaccine. <input type="checkbox"/> Other (please state) use separate sheet if necessary</p> <p>Full Name of Person with Parental Responsibility:</p> <p>Signature of Person with Parental Responsibility:</p> <p>Date:</p>		
<p><small>Office Use – Initial, appropriate, signed</small></p> <p style="text-align: center;"> <input type="checkbox"/> No action <input type="checkbox"/> Demographic query <input type="checkbox"/> Clinical query <input type="checkbox"/> Query Completed </p>					
<p>Thank you for completing this form. Please detach and return to the school within 7 days of receipt. Review date March 2020</p>					



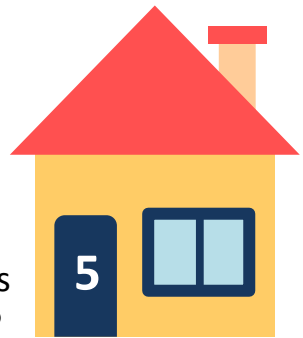
It will look like this

Make sure you hold onto it!

Questions

- You will be called over by a nurse who may ask you some questions

Your name?



What number is on your house?



Your birthday?

Are you feeling well today?



What it looks and feels like



- This is what having the flu spray looks like
- The spray goes just inside your nostril
- It is sprayed up both sides of your nose
- It feels like a tickle, it does not hurt!

Your very important job

- As some of the flu sprays have a smell, we will ask you what yours smelt like
- We have been told that it smells of lots of things but mostly...



Or if you are really lucky...stinky feet!



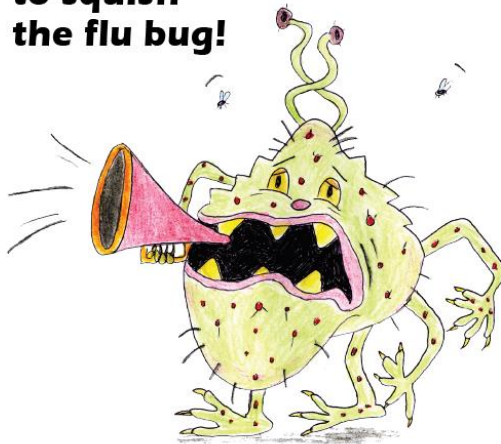
As you have been brave

- You will get a certificate to take home which looks like this...



Sussex Community
NHS Foundation Trust

**I COMPLETED
MY MISSION**
to squish
the flu bug!



Artwork by Thomas, Year 6, Polegate Primary School

Afterwards

- We will give you a tissue as sometimes it makes your nose drip
- Once you have wiped your nose, pop your tissue in the bin
- Then you can go back to class

