



Dear Parent/ Guardian,

**Your child's annual flu vaccination is now due**

This vaccination is recommended to help protect your child against flu. Flu can be an unpleasant illness and sometimes causes serious complications. Vaccinating your child will also help protect more vulnerable family members and friends by preventing the spread of flu.

Your child's consent form is available at: <https://immsconsent.eput.nhs.uk/FluConsent/Form1/>

Your school code is: **115095** Please insert this into the field to correctly identify your child's school.

**Please complete the consent form** (one for each child) **within two weeks** to ensure your child receives their vaccination. Please contact your immunisation team on **01279 827141** if you would like any help with the form. Alternatively paper copies are available from you school office.

The vaccination is free and is a quick and simple spray up the nose. Even if your child had it last year, it is recommended to have the flu vaccine again this year.

A leaflet explaining the vaccination programme is available at:

[https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/806857/PHE\\_Protecting\\_Child\\_Against\\_Flu\\_leaflet.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/806857/PHE_Protecting_Child_Against_Flu_leaflet.pdf)

The leaflet includes details about a very small number of children for whom the nasal vaccine is not appropriate. If your child cannot have the nasal vaccine we will contact you directly to offer them the injectable vaccine.

Since the programme was introduced, most children offered the vaccines in schools have had the immunisation.

If you have any queries, please contact the immunisation team on **01279 827141**

Yours sincerely  
Essex University Trust Immunisation Team

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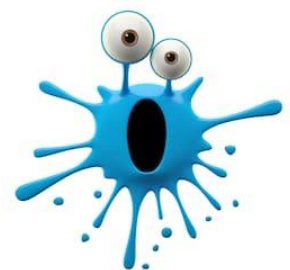
**If your child becomes wheezy, has a bad asthma attack, or has started oral steroids for their asthma after you return this form, please contact the immunisation service on the number above.**

If you decide you do not want to vaccinate your child against flu, please return the consent form giving the reason. This will help us to plan and improve our service.

For further information see: [www.nhs.uk/child-flu](http://www.nhs.uk/child-flu)

More information about your immunisation service is available at:

<https://eput.nhs.uk/our-services/essex/essexwide/childrens/immunisation-and-vaccination-services/>



## **Additional Information:**

### **Possible Side Effects:**

- decreased appetite
- headache
- nasal congestion (stuffy nose)
- aching limbs
- a high temperature

These side effects should pass quickly and can be treated with paracetamol/ibuprofen if you feel your child needs it. Children are most likely to experience side effects when they receive their first ever dose of the nasal Flu vaccine. Side effects normally reduce with doses in additional years.

### **The consent form needs to be signed by a person with parental responsibility which includes:**

- **Mother:** automatic
- **Father:** if married to mother either when baby is born or marries subsequently
- **Unmarried father:** if name appears on birth certificate (since 01.12.03) or legally acquired
- **Others:** if parental responsibility is legally acquired
- **Parental Responsibility Agreement:** signed, properly witnessed and sent for registration to Principle Registry or the Family Division (High Court)
- **Residence Order:** granted by the Court

## **Immunisation Service Privacy Notice - May 2018**

### **Who is collecting the data?**

Essex Partnership University Trust Immunisation Service is collecting information about your child to ensure that we have up to date health information about their health at the time that you are consenting for them to receive an immunisation. Their demographic information is used to ensure that we identify their electronic health record accurately.

### **What data is being collected?**

We ask for basic demographic data to allow us to identify them and their health record. The information about their health is utilised by the nurses to ensure that they can confirm that the immunisation is suitable for them.

### **What is the legal basis for processing the data?**

Section 9(2)(h) allows for the processing of your child's data for the provision of direct healthcare and the management of healthcare systems.

### **Will the data be shared with any third parties?**

Your child's data will be shared with their general practice (GP) and with the child health information system (CHIS) which holds immunisation and screening information for all children in the UK.

### **How will the information be used?**

We collect data on consent forms to allow us to identify a person's health record if you have consented to their immunisation and to allow the nurses to make decisions about their care based on the most up to date information about their current health.

### **How long will the data be stored for?**

The information will be stored on their electronic health record after their vaccination; this information will then be available throughout their lifetime. Their paper records will be destroyed once they have been scanned onto their record.

### **What rights does the data subject have?**

Data subjects have the right to request a copy of any data we request or record about them.

### **How can you contact us with queries or concerns about this privacy notice?**

If you have any queries or concerns regarding the information that we hold about your child or have a question regarding this privacy notice, please contact:

Our Data Protection Officer: [Epunft.dpo@nhs.net](mailto:Epunft.dpo@nhs.net) Tel: 01268 407724

Or the Information Governance team: [Epunft.info.gov@nhs.net](mailto:Epunft.info.gov@nhs.net)

Or the Information Commissioner Office, Wycliffe House, Water Lane, Wilmslow, Cheshire, SK9 5AF

Web: <https://ico.org.uk/concerns/> Tel: 0303 123 1113