

	<p><b>Immunisation Team</b> The Warren Health Centre, Uxbridge Road, Hayes, UB4 0SF</p> <p>Telephone: 01895 485740</p>
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Dear Parent/Guardian,

**Annual Flu Vaccination (Reception to Year 5 only) – Tuesday 6<sup>th</sup> November 2018**

This vaccination programme is in place 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 friends and family by preventing the spread of flu.

**Please complete the attached consent form** (one for each child) and return to the school office by **Friday 19<sup>th</sup> October** if you would like your child to receive the vaccination.

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

Please be aware that if the form is not completed correctly, this may result in your child not receiving the vaccination on the day.

The vaccination is free and recommended for young children, and will be given by a quick and simple spray up the nose. We will only give the vaccination to children whose parent/ carers have given consent to do so.

A leaflet explaining the vaccination programme can be found on the school website in the 'Letters to Parents' section and includes details about the small number of children for whom the nasal vaccine is not appropriate.

Last year, most children offered the vaccine in schools had the immunisation.

If you have any queries, please contact the immunisation team on 01895 485740.

Yours sincerely,

Immunisation Team  
Central and North West London NHS Foundation Trust (CNWL)

**If your child becomes wheezy or has their asthma medication increased after you return this form, please contact the healthcare team on 01895 485740.**

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



# Flu immunisation consent form



Parent / Guardian to complete

ALL SECTIONS OF THIS FORM MUST BE COMPLETED

INCOMPLETE DETAILS MAY RESULT IN YOUR CHILD NOT BEING VACCINATED

Student Details		
First Name:	Surname:	
Date of Birth:	Gender: Girl <input type="checkbox"/> BOY <input type="checkbox"/>	School & Class:
NHS Number:	Home Telephone:	GP Name & Address:
Home Address:	Parent/Guardian Mobile:	
Postcode:		

<p>Has your child been diagnosed with asthma?  <b>YES</b> <input type="checkbox"/> <b>NO</b> <input type="checkbox"/></p> <p>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. Budesonide 100 micrograms, four puffs per day):</p> <p>If <b>YES</b>, 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 IMMUNISATION TEAM 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 this flu season (since September 2018?) <b>YES</b> <input type="checkbox"/> <b>NO</b> <input type="checkbox"/></p>
	<p>Does your child have a disease or treatment that severely affects their immune system (e.g. treatment for leukaemia) <b>YES</b> <input type="checkbox"/> <b>NO</b> <input type="checkbox"/></p>
	<p>Is anyone in your family currently having treatment that severely affects their immune system? (e.g. they need to be kept in isolation) <b>YES</b> <input type="checkbox"/> <b>NO</b> <input type="checkbox"/></p>
	<p>Does your child have a severe egg allergy? (needing hospital care) <b>YES</b> <input type="checkbox"/> <b>NO</b> <input type="checkbox"/></p>
	<p>Does your child have any other allergies?  <b>For example gentamicin, gelatine or any other allergies, please list:</b>          .....</p>
	<p>Is your child receiving salicylate therapy? (i.e. aspirin) <b>YES</b> <input type="checkbox"/> <b>NO</b> <input type="checkbox"/></p>
	<p>Does your child have any medical conditions please give details:  <b>*If you answered YES to any of the above, please give details:</b>          .....</p>

ON THE DAY OF VACCINATION, PLEASE LET THE IMMUNISATION TEAM KNOW IF YOUR CHILD HAS BEEN WHEEZY IN THE PAST THREE DAYS.

N.B 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](http://www.nhs.uk/child-flu-FAQ)

## CONSENT FOR IMMUNISATION

**YES, I CONSENT**  
to my child receiving the flu immunisation

Signature: .....  
(Parent/guardian with parental responsibility)

Print name: .....  
(parent/guardian)

Date: .....

**NO, I DO NOT CONSENT**  
to my child receiving the flu immunisation

Signature: .....  
(Parent/guardian with parental responsibility)

Print name: .....  
(parent/guardian)

Date: .....

## FOR OFFICE USE ONLY

Eligibility assessment on day of vaccination:

Has the parent/child reported 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?                      YES                       NO
- An increase in inhaled steroids since consent form completed

**Pre-vaccination assessment for flu completed**

**Child not immunised today because:**

- Not well today
- Allergies
- Asthma
- Refused (none given)
- Refused (partially given)

**Child suitable for immunisation:** YES / NO    **Nurse's signature:** .....

<b>VACCINE:</b> ASTRA ZENEKA FLUENZ TETRA NASAL SPRAY	<b>DATE GIVEN:</b>
<b>BATCH NUMBER:</b>	<b>EXPIRY DATE:</b>
<b>IMMUNISER (PRINT NAME):</b>	