

FLU NASAL SPRAY VACCINATION CONSENT FORM

Please complete the form below and return it to the class teacher as soon as possible

Surname:	First name:	Date of birth:
Home address:		Daytime contact number for parent/guardian:
NHS number (if known):		Ethnicity:
School:		Year group:
GP's name and practice address:		Gender: Girl <input type="checkbox"/> Boy <input type="checkbox"/>

<p>Has your child been diagnosed with asthma?</p> <p>No <input type="checkbox"/> Yes <input type="checkbox"/></p> <p>If Yes, 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>):</p> <p>If Yes, 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>It is very important that you 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 since September 2018? No <input type="checkbox"/> Yes <input type="checkbox"/></p>
	<p>Is your child currently having treatment that severely affects/weakens their immune system? (e.g. treatments for leukaemia) No <input type="checkbox"/> Yes* <input type="checkbox"/> If Yes please give details:</p>
	<p>Is anyone in the family currently having any treatment that severely weakens their immune system? (e.g. they need to be kept in isolation) No <input type="checkbox"/> Yes* <input type="checkbox"/> If Yes please give details:</p>
	<p>Has your child ever had a serious anaphylactic reaction to egg or to a previous dose of this flu vaccine? No <input type="checkbox"/> Yes* <input type="checkbox"/> If Yes please give details:</p>
	<p>Does your child currently take salicylate therapy (i.e. <i>aspirin</i>) No <input type="checkbox"/> Yes* <input type="checkbox"/> If Yes please give details:</p>
	<p>*If you answered YES to any of the above, please give details:</p> <p>On the day of vaccination, please let the immunisation team know if your child has been wheezy in the past three days.</p>

N.B. The flu nasal spray contains products derived from pigs (porcine gelatine). If the vaccine is refused due to this content, only children who are high risk for flu due to a medical condition will be offered an alternative injected vaccine. More information is available from www.nhs.uk/child-flu-FAQ

Consent for immunisation (please tick YES or NO)

<input type="checkbox"/> YES , I give consent for my child to receive the flu immunisation.	<input type="checkbox"/> NO , I DO NOT consent for my child to receive the flu immunisation.
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If 'NO' please give reason(s) below:

Signature of parent/guardian (with parental responsibility):	Date: DD/MM/YYYY
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FOR HEALTH SERVICE diagnosis of USE ONLY

Assessment for eligibility for Fluenz Tetra® if YES to any questions overleaf:

Child eligible for Fluenz Tetra®: YES NO

If **NO** please give reason and action taken including correspondence with parents:

Assessment completed by:

Name:

Designation:

Signature:

Date:

Pre-vaccination assessment (on the day)

1. Has the parent/child reported to the immunisation team that the child has been wheezy over the past three days?

YES NO

2. 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

3. Has the parent reported to the immunisation team a new diagnosis of asthma?

YES NO

4. Has the child been assessed following standard Operation Procedure and PGD and been deemed fit and well to receive this vaccination today?

YES NO

If **NO** please give the reason and action taken:

Vaccine details

Date:.....

Time:.....

Batch number:.....

Expiry date:.....

Where administered:.....

Administered by:

Name:

Designation:

Signature:

Partially given only: (Please Circle)

Right nostril

Left nostril

Date entered onto EMIS:

POST IMMUNISATION ISSUES (ADVERSE REACTIONS)

Details	Date & time recorded	Immuniser sign and print