

Immunisation Team – School Nursing Principal Health Centre

Civic Close
St Albans
Hertfordshire
AL1 3LA

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Tel: 01727 734026 Email: ImmsEnquiries@hct.nhs.uk

Dear Parent/Guardian

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

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.

This year all children in school years 1, 2 and 3 will be offered the vaccine.

The vaccination is free and recommended for young children, and will be given by a quick and simple spray up the nose.

<u>Click here to find a national Public Health England leaflet</u> explaining the vaccination programme and includes details about the small number of children for whom the nasal vaccine is not appropriate.

Please print and complete both sides of the consent form which can be seen below (one for each child) and return to the school within two weeks of receipt, to ensure your child receives their vaccination. A date for this immunisation session has been arranged with your school.

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 plan and improve the service.

If you have any queries please contact the school nurse immunisation team on the above number.

#### **Asthma**

If your child becomes wheezy or has their asthma medication increased after you return this form, please contact the school nursing immunising team on the above number. It will be necessary to delay vaccination until the wheezing has stopped.

### Consent withdrawal

If for any reason you decide to withdraw consent after returning the consent form, please contact the school nursing immunisation team on the above number and also inform your child's school.

Chair: Declan O'Farrell Chief Executive: David Law

## **Additional information**

Click here for more information about the children's flu vaccine from the national NHS Choices website.

Yours faithfully

Jill Sharpe and Lyn Cowan

School Nurse Immunisation Team Leads

J Shape M. Cowan

Chair: Declan O'Farrell Chief Executive: David Law



# Flu immunisation consent form

Parent/guardian to complete

Student details						
Surname:		First n	ame:			
Date of birth:	Gender: G	irl	Воу	School and class	S:	
NHS number (if known):	Home tele	phone:				
Home address:	GP name and a		GP name and ac	ddress:		
	Parent/guardian mobile:					
	T drong gae	ar ararr ri				
Post code:						
Has your child been diagnosed with asthma?  Yes No	Has your child already had a flu vaccination since September 2016?			Yes*	No	
If <b>Yes</b> , and your child is currently taking	Does your child have a disease or treatment that severely affects their immune system?					
inhaled steroids (i.e. uses a preventer or regular inhaler), please enter the medication	(e.g. treatment for leukaemia)				Yes*	No
name and daily dose (e.g. Budesonide 100 micrograms, four puffs per day):	Is anyone in your family currently having treatment that severely affects their immune system? (e.g. they need to be kept in isolation)				ient	
					Yes*	No
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	Does your child have a severe egg allergy? (needing hospital care)			Yes*	No	
	Is your child receiving salicylate therapy? (i.e. aspirin)			Yes*	No	
and length of course:	*If you answered <b>Yes</b> to any of the above, please give details:					
Please let the immunisation team know if your child has to increase his or her asthma medication after you have returned this form.	On the day of vaccination, please let the immunisation team know if your child has been wheezy in the past three days.					
<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. More information for parents is available from www.nhs.uk/child-flu						
Consent for immunisation (please tick YES or NO)						
<b>YES</b> , I consent for my child to receive the flu immunisation.		NO, 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):					Date <i>DD/M</i>	IM/YYYY



## Flu immunisation consent form

FOR OFFICE USE ONL	Υ					
Pre session eligibility assilive attenuated influenza	vaccine	Eligibility assessment on day of vaccination Has the parent/child reported the child be the control of the control of the child be the				
Child eligible for LAIV	Yes No	wheezy over the past three days?	Yes ☐ No ☐			
If no, give details:		If the child has asthma, has the parent/child reported:				
		• use of oral steroids in the past 14 day	ys? Yes No			
		an increase in inhaled steroids since consent form completed?	Yes 🗌 No 🗌			
Additional information:		Child eligible for LAIV	Yes ☐ No ☐			
		If no, give details:				
Assessment completed	=					
Name, designation and sig	gnature:					
Date:						
Vaccine details						
Date:	Time:	Batch number: E	expiry date:			
Administered by Name, designation and signature:						
Date:						

<sup>&</sup>lt;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.