Vaccination UK
Tel: 0333 800 5100
Email: admin@vaccinationuk.co.uk

September 2017

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 Reception and years 1, 2, 3 and 4 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. This year Vaccination UK, a team with more than 40 years' experience giving vaccinations will be delivering the flu vaccinations in your area.

Click here for Information for Parents protecting your child against flu this is a leaflet which explains 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 already 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 Vaccination UK on 0333 800 5100

Asthma
If your child becomes wheezy or has their asthma medication increased after you return this form, please contact Vaccinations UK on 0333 800 5100. 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 Vaccination UK on 0333 800 5100 and also inform your child's school.

Additional information
For more information about the children's flu vaccine from the national NHS Choices website NHS Choices

Yours Faithfully

A Harrington

Andrea Harrington
Strategic Lead and Operational Manager,
School Nursing

Check out our new health websites for children and young people. www.healthforteens.co.uk and www.healthforkids.co.uk

Parent/ Guardian to complete -

Student details

Surname:	First name:	
Date of birth:	Gender: **Girl** **Boy**	School and class:
NHS number *(if known)*:	Home telephone:	
Home address: Post code:	Parent/guardian mobile:	GP name and address:

Has your child been diagnosed with asthma? **Yes** **No** 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. Budesonide 100 micrograms, four puffs per day)*: 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: **Please let the immunisation team know if your child has to increase his or her asthma medication after you have returned this form.**	Has your child already had a flu vaccination since September 2016? **Yes*** **No** Does your child have a disease or treatment that severely affects their immune system? *(e.g. treatment for leukaemia)* **Yes*** **No** Is anyone in your family currently having treatment that severely affects their immune system? *(e.g. they need to be kept in isolation)* **Yes*** **No** Does your child have a severe egg allergy? *(needing hospital care)* **Yes*** **No** Is your child receiving salicylate therapy? *(i.e. aspirin)* **Yes*** **No** *If you answered **Yes** to any of the above, please give details: **On the day of vaccination, please let the immunisation team know if your child has been wheezy in the past three days.**

NB. 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)

YES, 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 *DD/MM/YYYY*

FOR OFFICE USE ONLY

Pre session eligibility assessment for live attenuated influenza vaccine LAIV

Child eligible for LAIV **Yes** **No**

If no, give details:

Additional information:

Assessment completed by

Name, designation and signature:

Date:

Eligibility assessment on day of vaccination

Has the parent/child reported the child 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? **Yes** **No**

Child eligible for LAIV **Yes** **No**

If no, give details:

Vaccine details

Date: Time: Batch number: Expiry date:

Administered by

Name, designation and signature:

Date:

[1] 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.