Flu Immunisation Consent Form

Parent / Guardian: please complete ALL sections on this page.

Child's full name: (first name and surname)		**Date of Birth:**
Home address: Postcode:		Emergency contact number for parent or guardian:
Email:		Gender of child *(please circle)*: **Male** **Female**
NHS Number (*if known*):		Ethnicity of child:
GP name and address:		GP telephone number:
School:		Year Group/Class:

Has your child been diagnosed with asthma? **Yes** **No**	Has your child already had a flu vaccination in the **past 3 months**? **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)*:	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**
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:	Is your child receiving salicylate therapy? *(i.e. aspirin)* **Yes*** **No**
Please let the immunisation team know if your child has to increase his or her asthma medication after you have returned this form.	*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). 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

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*

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ELIGIBILITY ASSESSMENT **ON THE DAY OF VACCINATION:**

- **Has the child been assessed as suitable for receiving LAIV today? 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**

Asthmatic children not eligible on the day of the session due to deterioration in their asthma control should be offered IM inactivated vaccine if their condition does not improve within 72 hours to avoid a delay in vaccinating this 'at risk' group.

- If the child is not suitable to receive LAIV, has IM influenza vaccine been given today? **YES / NO**
- **If YES –** name of parent / guardian who has given consent for IM flu vaccine:

  Name:……..

  Relationship to child:……

  Date / time contacted:…….

- If the IM influenza vaccine has **not** been given today, has the child been referred back to their GP? **YES / NO**

Child not immunised today because:

High Temperature ☐

Not well enough today ☐

Refused none given ☐ Refused partially given ☐ Child Refused ☐

Nurse assessors NAME and SIGNATURE:

Live intra nasal influenza vaccine details:

IMMUNISATION	BATCH	EXP DATE	GIVEN BY: PRINT NAME	SIGNATURE / DESIGNATION	TIME / DATE
live intra nasal influenza vaccine					

If Intramuscular (IM) vaccine given today:

Manufacturer:

Batch:
Expiry:

Site given:

Given by:

- Name of nurse……
- Signature……..

Additional notes: