

Intra Nasal Flu Consent Form

Child's FULL NAME (first name and surname):

Home address and post code:



NHS number (if known):

Date of Birth:

School year:

School:

Daytime contact telephone number for parent/carer:

GP name, address and post code:

Ethnicity:

- Has your child required oral steroids in the last 2 weeks to manage their asthma?* 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 intensive care) Yes [] No []
- Does your child take salicylate medication (Aspirin)? Yes [] No []

If you answered **Yes** to any of the above, please give details the immunisation service may contact you for further information. **Please ensure you add a contact telephone number.**

Please inform the immunisation team if your child's asthma deteriorates and you have had to increase their medication after you have returned this form.

NB. The nasal flu vaccine contains porcine gelatine. There is no suitable alternative flu vaccine available for otherwise healthy children. For more information go to www.gov.uk/government/news/vaccines-and-gelatine-phe-response

I wish my son/daughter to receive their Intra Nasal flu vaccine

Name (Please print):
Parent/Guardian

Signature
Parent/Guardian

Date

I do not wish my son/daughter to receive their Intra Nasal flu vaccine

Name (Please print):
Parent/Guardian

Signature
Parent/Guardian

Date

If you do not wish your child to have the vaccination, please state why:

For further information please contact the Immunisation Team on 01744 624353
The Immunisation team will transcribe the information provided onto the F-Consent portal to

*** FOR OFFICE USE ONLY**

Pre session eligibility assessment for live attenuated influenza vaccine: (RGN/RN at 1st Triage)

Child eligible for LAIV Yes No
If No, give details:

Eligibility assessment on day of vaccination

Has the parent/child reported the child being wheezy over the past three days?
If Yes, give details:

Assessment completed by:
 Name, designation and signature:
(RGN/RN at Session)

Date:
 Supplied/Administered (circle as appropriate)

Additional Information:

Vaccine details:

Date	Time	Batch number	Expiry date	Administered by Name, Designation & Signature
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NB – Asthmatic children not eligible on the day of the session due to deterioration in their asthma control should be offered inactivate vaccine if their condition doesn't improve within 72 hours to avoid a delay in vaccinating this 'at risk' group.

Additional Comments