

Flu Vaccination

Vaccination consent form

As part of a national programme, your child is being offered his/her Fluenz (Flu) vaccination. Please read the information booklet 'Protecting your child against flu' 2015/16 and FAQ's enclosed and discuss this with your child. Please complete and sign this consent form below if you would like your child to receive the Fluenz vaccination and return it to your child's school within **one week**

The nasal flu spray does contain porcine gelatine. Unfortunately there is no suitable alternative flu vaccine available for healthy children. Please read enclosed FAQ's

If you have any more questions, please contact us on 0333 800 5100 (Monday to Saturday) or go to https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/363761/PHE_8584_Flu_October_2014_DL_13b_.pdf for further information. Other languages may also be available on this web site.

Child's full name: (first name and surname)		Date of birth:
Home address:		Daytime contact telephone number for parent/carer
GP name and address:		Emergency Contact No:
NHS Number (if known):		Sex: M / F
Parent/carer Email address:		Ethnicity:
School:	Year group/class	

I CONSENT FOR FLUENZ VACCINATION *please tick*

I have read the information booklet supplied and I consent for my child to receive the Fluenz nasal spray vaccination.

Name (parent/guardian)

Relationship to child

Signed Parent/Guardian..... Date

The person who has parental responsibility must sign this form (please see below)

PARENTAL RESPONSIBILITY

The person(s) with parental responsibility will usually but not invariably be the child's birth parents. People with parental responsibility for a child include: the child's mother; the child's father if married to the mother at the child's conception, birth or later; a legally appointed guardian; the local authority if the child is on a care order; or a person named in a residence order in respect of the child. Fathers who have never been married to the child's mother will only have parental responsibility if they have acquired it through a court order or parental responsibility agreement. After the 30th November 2003 unmarried fathers have automatic parental responsibility for their children if they are named on the birth certificate. For a child born before the 30th November 2003, the child can be re-registered and the father named on the birth certificate, after which the father will have automatic parental responsibility.

(Ref: www.childrenslegalcentre.com)

If you do not want your child to receive the vaccination, it would be helpful if you would give the reasons in the box below and return back to the school within 1 week.

I **DECLINE CONSENT FOR MY CHILD TO HAVE THE FLUENZ NASAL SPRAY VACCINATION.** please tick

Name (parent/guardian)

Relationship to child

Signed Parent/Guardian..... Date

It would help us to know your reason for decline.....

PLEASE ANSWER THE QUESTIONS BELOW:	PARENT/CARER	Additional information
Has your child previously received a flu vaccination? If so when and where?	Yes/No	
Has your child had an MMR vaccination in the past 4 weeks or are they due one soon? If yes, please give details:	Yes/No	
Has your child had any severe reactions to an injection previously? If yes, please give details:	Yes/No	
Has your child got any allergies? (particularly a confirmed egg allergy)? Yes/No (please circle) If yes please give details:	Yes/No	
Is your child taking any medication at present? (In particular salicylate therapy (i.e. aspirin) If yes, please give details:	Yes/No	
Does your child have asthma? If yes please circle level of disease below: Mild Moderate or Severe and record the daily medication they take below:	Yes/No	
Is your child under hospital follow up for anything? If yes, please give details:		
Has your child been ill recently? If yes, please give details:	Yes/No	



Is your child or anyone in your family currently having treatment that severely affects their immune system?	Yes/No	
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Parent/Guardian Name <i>(please print)</i>	
Signature and Date:	

STAFF ONLY	
Is the child well on the day and fit for immunisation? If no, please give details and actions:	
Nurse Assessors name and Contact details:	

I have explained the Fluenz nasal spray to this child; the young person has no further questions and agrees to proceed with the immunisation.	
Signed:..... Print Name:Designation:.....	

IMMUNISATION	BATCH	EXP DATE	GIVEN BY: PRINT NAME	SIGNATURE / DESIGNATION	TIME / DATE
Fluenz:					

PLEASE NOTE:

Your child will be scheduled to have the above vaccinations at school. However, if these have been given previously at the GP surgery before we do them at school, then please contact 0333 800 5 100 or email admin@vaccinationuk.co.uk ASAP in order that the computer system can be updated and prevent a double immunisation accident. Thank you.