

Nasal Flu Vaccination Consent Form

Croydon Health Services 

NHS Trust

Children's Universal Services
Immunisation Team
12–18 Lennard Road
Croydon
CR9 2RS

Direct Line Tel: 020 8274 6453
Email: Ch-Tr.Immunisationteam@nhs.net

September 2020

Dear Parent/Guardian,

The annual flu vaccination programme will run between September and December 2020. The Immunisation Team will be visiting your child's school to administer the nasal flu vaccine. You will be notified of the session date by your school in due course.

Flu can be an unpleasant illness and sometimes causes serious complications. This annual vaccination programme is in place to help protect your child against the flu. Vaccinating healthy children also helps to protect those more vulnerable by reducing the spread and transmission of flu. **The presence of COVID-19 this winter season increases the importance of flu vaccine uptake for those who are vulnerable or who have regular contact with the vulnerable population.**

The vaccine is recommended by Public Health England and forms part of the routine immunisation schedule for all children from Reception to school Year 7. It is given via a quick and simple spray up the nose. Please visit the following link for more information regarding the vaccine:

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/907433/Protecting_Child_Against_Flu_DL_leaflet_2020.pdf

The attached consent form should be completed indicating your Yes or No consent decision, with all relevant questions answered. **Please return the consent form to the school within seven days of receipt. ***

Any changes regarding the health of your child must be communicated via email to your child's school by 09:00am on the day of vaccination. **

Should you need any assistance in completing the consent form within the required timeframe, please direct your query to the service via the email address at the top right hand corner of this letter.

Yours sincerely,

Sinéad Hylton

Clinical Service Lead
Croydon Health Services NHS Trust

*Please note: the consent form must be completed by the person with parental responsibility for your child. For Looked After Children, the consent form must be completed by the child's Social Worker

** Asthmatic children who are eligible to receive the nasal flu vaccine should do so. Please note that the vaccine should not be administered to asthmatic children who have received oral steroids within the two weeks prior to the session, exhibited wheezing in the three days prior to the session, or has been admitted to intensive care due to an asthmatic attack.



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Parent/Legal Guardian to complete all sections

Student Details		
Surname:	First name:	
Date of birth:	Gender: Boy <input type="checkbox"/> Girl <input type="checkbox"/>	
NHS number (if known):	Home address:	
Mobile number for parent/guardian:		
Ethnicity:		
School:	Year group/class:	
GP surgery and address:		
Consent for vaccination from Parent/Legal Guardian (please tick YES or NO)		
<input type="checkbox"/> YES, I consent to my child receiving nasal flu vaccination Please complete the green box below	<input type="checkbox"/> NO, I DO NOT consent to my child receiving nasal flu vaccine Please complete the red box below	
Signature of parent/guardian (with parental responsibility):	Full Name (with parental responsibility):	Date:
<p>NB. The nasal flu vaccine contains porcine gelatine. More information is available from www.nhs.uk/child-flu</p>		
If 'NO' consent please tick reason(s) below and return the form to school:		
Contraindications to the vaccine <input type="checkbox"/>	Child's health condition <input type="checkbox"/>	
Religious reasons/contains porcine gelatine <input type="checkbox"/>	Own beliefs <input type="checkbox"/>	
Already had the vaccine (since September) <input type="checkbox"/>	Unsure and need more information <input type="checkbox"/>	
Other, details: <input type="text"/>		
Medical History (Only complete if you have given consent for your child to receive vaccination)		
Has your child been diagnosed with *asthma* ?	*Yes	No
If Yes , please provide details of all current medications, including dosage:	<input type="checkbox"/>	<input type="checkbox"/>
Has your child taken steroid tablets because of their asthma within the past two weeks ?	<input type="checkbox"/>	<input type="checkbox"/>
Has your child ever been admitted to intensive care because of their asthma?	<input type="checkbox"/>	<input type="checkbox"/>
<p>*IMPORTANT: You must notify your child's school by 9am on the day of vaccination if your child has been wheezy, or had a bad asthma attack in the past three days, as the vaccine may need to be postponed.</p>		
Has your child already had a flu vaccination for the current flu season? (from September this year)	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Is your child's immune system severely affected by disease or medication? Details:	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Has your child had a severe allergic reaction to egg requiring hospital care? Details:	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Is your child receiving salicylate (blood thinning) therapy? Details:	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Is any household member currently having treatment that severely affects their immune system? Details:	Yes <input type="checkbox"/>	No <input type="checkbox"/>
FOR OFFICE USE ONLY		
Triaging - Pre vaccine assessment for live attenuated influenza vaccine (LAIV) Is the child eligible for LAIV? <input type="checkbox"/> Yes <input type="checkbox"/> No Triaging comments:		Date and Stamp by Nurse:



