

Nasal Flu Vaccination Consent Form



Croydon Health Services
NHS Trust

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:	

NB. The nasal flu vaccine contains porcine gelatine. More information is available from www.nhs.uk/child-flu

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"/>
*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.		
Has your child already had a flu vaccination for the current flu season? (from September this year)	Yes	No
	<input type="checkbox"/>	<input type="checkbox"/>
Is your child's immune system severely affected by disease or medication?	Yes	No
Details:	<input type="checkbox"/>	<input type="checkbox"/>
Has your child had a severe allergic reaction to egg requiring hospital care?	Yes	No
Details:	<input type="checkbox"/>	<input type="checkbox"/>
Is your child receiving salicylate (blood thinning) therapy?	Yes	No
Details:	<input type="checkbox"/>	<input type="checkbox"/>
Is any household member currently having treatment that severely affects their immune system? Details:	Yes	No
	<input type="checkbox"/>	<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:
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