Hertfordshire Community NHS
NHS Trust

**Immunisation Team – School Nursing**
Principal Health Centre
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Dear Parent/Guardian

**Your child's annual flu vaccination is now due**

This vaccination programme is in place to help protect your child against flu. Flu can be an unpleasant illness and sometimes causes serious complications. Vaccinating your child will also help protect more vulnerable friends and family by preventing the spread of flu.

This year all children in school years 1, 2 and 3 will be offered the vaccine.

The vaccination is free and recommended for young children, and will be given by a quick and simple spray up the nose.

Click here to find a national Public Health England leaflet explaining the vaccination programme and includes details about the small number of children for whom the nasal vaccine is not appropriate.

Please print and complete both sides of the consent form which can be seen below (one for each child) and return to the school within two weeks of receipt, to ensure your child receives their vaccination. A date for this immunisation session has been arranged with your school.

If you decide you do not want to vaccinate your child against flu, please return the consent form giving the reason. This will help us plan and improve the service.

If you have any queries please contact the school nurse immunisation team on the above number.

**Asthma**

If your child becomes wheezy or has their asthma medication increased after you return this form, please contact the school nursing immunising team on the above number. It will be necessary to delay vaccination until the wheezing has stopped.

**Consent withdrawal**

If for any reason you decide to withdraw consent after returning the consent form, please contact the school nursing immunisation team on the above number and also inform your child's school.

**Additional information**

Click here for more information about the children's flu vaccine from the national NHS Choices website.

Yours faithfully



Jill Sharpe and Lyn Cowan
School Nurse Immunisation Team Leads

# Flu immunisation consent form

Parent/guardian to complete

## Student details

| | | |
|---|---|---|
| Surname: | First name: | |
| Date of birth: | Gender: **Girl** **Boy** | School and class: |
| NHS number *(if known)*: | Home telephone: | |
| Home address:<br><br>Post code: | Parent/guardian mobile: | GP name and address: |

| | |
|---|---|
| Has your child been diagnosed with asthma?<br>**Yes** **No**<br><br>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)*:<br><br>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:<br><br>**Please let the immunisation team know if your child has to increase his or her asthma medication after you have returned this form.** | Has your child already had a flu vaccination since September 2016? **Yes*** **No**<br><br>Does your child have a disease or treatment that severely affects their immune system? *(e.g. treatment for leukaemia)* **Yes*** **No**<br><br>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**<br><br>Does your child have a severe egg allergy? *(needing hospital care)* **Yes*** **No**<br><br>Is your child receiving salicylate therapy? *(i.e. aspirin)* **Yes*** **No**<br><br>*If you answered **Yes** to any of the above, please give details:<br><br>**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). There is no suitable alternative flu vaccine available for otherwise healthy children. More information for parents is available from www.nhs.uk/child-flu

## 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* |

# Flu immunisation consent form

**FOR OFFICE USE ONLY**

**Pre session eligibility assessment for live attenuated influenza vaccine LAIV**

Child eligible for LAIV **Yes** ☐ **No** ☐

If no, give details:

Additional information:

**Assessment completed by**

Name, designation and signature:

Date:

**Eligibility assessment on day of vaccination**

Has the parent/child reported the child being wheezy over the past three days? **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** ☐

Child eligible for LAIV **Yes** ☐ **No** ☐

If no, give details:

**Vaccine details**

Date: Time: Batch number: Expiry date:

**Administered by**

Name, designation and signature:

Date:

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