**Intra Nasal Flu Vaccine Consent Form**



**PLEASE COMPLETE IN BLOCK CAPITALS**

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| --- | --- | --- | --- |
| Child’s full name (first name and surname): | |  | |
| Home address and postcode: | |
| NHS number: (if known) | Date of birth: | | School year: |
| Email address: | Ethnicity: | | Ethnicity: |
| School: | Daytime contact telephone number for parent/guardian/carer: | | |
| GP name and address:   |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | | Has your child required oral steroids in the last 2 weeks to manage their asthma?\*  Does your child have a disease or treatment that severely affects their immune | Yes Yes | [  [ | ]  ] | No No | [  [ | ]  ] | | system? (e.g. treatment for Leukaemia) |  |  |  |  |  |  | | 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 team may contact you for further information. Please ensure you include 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, please call: 0151 295 3833**

NB. The nasal flu vaccine contains a highly processed form of gelatine derived from pigs (porcine gelatine). It is offered because it is more effective in the programme than an injected vaccine. This is because it is considered better at reducing the spread of flu to others and is easier to administer. Some people may not accept the use of porcine gelatine in medical products. You should discuss your options with the Immunisation team.

**Consent for immunisation (please tick YES or NO and return form for either decision) Information on this form w**

If ‘No’ please give reason(s):

**The Immunisation team will transcribe information provided onto the E-Consent portal to record your consent/decline and child’s immunisations.**

**Thank you for completing this form. Please return it to the school as soon as possible**

|  |  |
| --- | --- |
| **YES,** I give consent for my child to be immunised with the nasal flu vaccine. | **NO**, I do not give consent for my child to be immunised with the nasal flu vaccine |
| Name: | Name: |
| Signature:  Parent/guardian/carer | Signature:  Parent/guardian/carer |
| Date: | Date: |

|  |
| --- |
| **FOR OFFICE USE ONLY.** Signature: ................................................................................................  **NURSE TO COMPLETE.** Date: ........................................................................................................ |
| **Pre session triage for Fluenz Tetra** |
|  |
| Child eligible for Fluenz (consent form signed, no contraindications) Yes No  Comments: |

|  |  |
| --- | --- |
| **\*FOR OFFICE USE ONLY** | |
| Has the parent/child reported the child being wheezy over the past three days? If Yes, give details: | |
| Eligibility assessment on day of vaccination completed (RN at session)  Name: ............................................................................................................................................................  Signature: ...................................................................................................................................................... | |
| **Vaccine details (RN)** | |
| Batch number: Expiry date:  ............................................................. ........................................  Date: Time:  ............................................................. ........................................ | Supplied/administered (circle as applicable)  School Clinic |
| **Administration supervisor (CSW) to be completed where supplied:**  Name: ............................................................................................................................................................  Signature: ...................................................................................................................................................... | |
| NB. Asthmatic children not eligible on the day of the session due to deterioration in their asthma control should be advised to attend their GP and offered inactivate vaccine if their condition doesn’t improve within 72 hours to avoid a delay in vaccinating this ‘at risk’ group. | |
| Additional information: | |