Intra Nasal Flu Vaccine Consent Form

NHS
Mersey Care
NHS Foundation Trust
Community and Mental Health Services

Child's full name (first name and surname):		
Home address and postcode:		
NHS number: (if known)	Date of birth:	School year:
School:	Daytime contact telephone number for parent/guardian/carer:	
GP name and address:	Ethnicity:	

Has your child required oral steroids in the last 2 weeks to manage their asthma?*	Yes	[ ]	No	[ ]
Does your child have a disease or treatment that severely affects their immune system? (e.g. treatment for Leukaemia)	Yes	[ ]	No	[ ]
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 complete YES or NO box and return form to school

YES, I give consent for my child to be immunised with the nasal flu	**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:

Thank you for completing this form.

If you wish to amend your form or attend the GP for your child's flu vaccine you must contact the Immunisation team directly and not leave messages with school

FOR OFFICE USE ONLY.
NURSE TO COMPLETE.

Signature: .....
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:	Supplied/administered (circle as applicable)
Date:	Time:	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: