

Flu immunisation consent form

Parent/guardian to complete

Student details		
Surname:		First name:
Date of birth:	Gender: Girl <input type="checkbox"/> Boy <input type="checkbox"/>	School and class:
Home address:	Home telephone:	GP name and address:
	Parent/guardian mobile:	
Post code:		
Eligibility assessment		
<p>Has your child been diagnosed with asthma? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>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. <i>Budesonide 100 micrograms, four puffs per day</i>):</p> <p>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:</p> <p>Eligibility assessment on day of vaccination</p> <p>Has your child been wheezy over the past three days? Yes No</p>	<p>Has your child already had a flu vaccination Yes* <input type="checkbox"/> No <input type="checkbox"/></p>	
	<p>Does your child have a disease or treatment that severely affects their immune system? (e.g. <i>treatment for leukaemia</i>) Yes* <input type="checkbox"/> No <input type="checkbox"/></p>	
	<p>Is anyone in your family currently having treatment that severely affects their immune system? (e.g. <i>chemotherapy.</i>) Yes* <input type="checkbox"/> No <input type="checkbox"/></p>	
	<p>Does your child have a severe egg allergy? (<i>needing hospital care</i>) Yes* <input type="checkbox"/> No <input type="checkbox"/></p>	
	<p>Is your child receiving salicylate therapy? (i.e. <i>aspirin</i>) Yes* <input type="checkbox"/> No <input type="checkbox"/></p>	
	<p>*If you answered Yes to any of the above, please give details:</p> <p>On the day of vaccination, please let the immunisation team know if your child has been wheezy in the past three days.</p>	
<p>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</p>		
Consent for immunisation (please tick YES or NO)		
<input type="checkbox"/> YES , I consent for my child to receive the flu immunisation.		<input type="checkbox"/> NO , I DO NOT consent to my child receiving the flu immunisation.
<p>If 'NO' please give reason(s) below:</p>		
<p>Signature of parent/guardian (with parental responsibility):</p>		<p>Date DD/MM/YYYY</p>

