

# Flu immunisation consent form

Parent/guardian to complete ALL sections in PEN

Immunisation Team Contact Details: 0300 421 8140

Or email [glos-care.immunisationteam@nhs.net](mailto:glos-care.immunisationteam@nhs.net)

Student details	
Surname:	First name:
Date of birth:	Gender: Girl <input type="checkbox"/> Boy <input type="checkbox"/>
NHS number (if known):	Home telephone:
Home address:	Parent/guardian mobile:
Post code:	Parent/guardian email:
School and class:	
GP name and address:	
Has your child been diagnosed with asthma? Yes <input type="checkbox"/> No <input type="checkbox"/>	Has your child already had a flu vaccination since September 2018? Yes* <input type="checkbox"/> No <input type="checkbox"/>
If Yes, please list the medication name and daily dose (e.g. Budesonide 100 micrograms, four puffs per day):	Does your child have a disease or treatment that severely affects their immune system? (e.g. treatment for leukaemia) Yes* <input type="checkbox"/> No <input type="checkbox"/>
	Is anyone in your family currently having treatment that severely affects their immune system? (e.g. they need to be kept in isolation) Yes* <input type="checkbox"/> No <input type="checkbox"/>
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:	Does your child have a severe egg allergy? (needing hospital care) Yes* <input type="checkbox"/> No <input type="checkbox"/>
	Is your child receiving salicylate therapy? (i.e. aspirin) Yes* <input type="checkbox"/> No <input type="checkbox"/>
Please let the immunisation team know if your child has to increase his or her asthma medication after you have returned this form.	*If you answered Yes to any of the above, please give details:
	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). If the vaccine is refused due to this content, only children who are at high risk from flu due to a medical condition will be offered an alternative injected vaccine. More information is available from <a href="http://www.nhs.uk/child-flu-FAQ">www.nhs.uk/child-flu-FAQ</a>	
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.
If 'NO' please give reason(s) below:	
Print Name & Relationship to Child	Date

