

The Q&A sheet that accompanies this form and letter tells you about the flu immunisation, why it is being offered as well as describing the disease and vaccine. If you have more questions, please contact the immunisation team on 01273 696011 x3977 or go to the NHS Choices website [www.nhs.uk](http://www.nhs.uk) (search for flu vaccine) or alternatively send an email with your questions to [sc-tr.fluvacc@nhs.net](mailto:sc-tr.fluvacc@nhs.net)

Child's full legal name (first name and surname) and preferred name if different:		Date of Birth:
		Male <input type="checkbox"/> Female <input type="checkbox"/>
Home address:		Daytime contact telephone number / mobile for Parent(s) / Guardian(s)
Postcode:	NHS Number (if known):	Ethnicity:
School:		Year group:
GP name and address:		Class name:

<i><b>If any of the answers below are a yes please document over page Please tick relevant column</b></i>	YES	NO
Does your child have any <u>severe</u> allergies to egg, gentamicin or previous flu vaccination?		
Is your child immunocompromised? <i>e.g. undergoing treatment for Leukaemia or in isolation If so, see your GP for inactivated Influenza Vaccination</i>		
Are any household members having treatment that severely affects their immune system requiring isolation? <i>i.e. chemotherapy, bone marrow transplant. If so, avoid close contact with them for 2 weeks</i>		
Is your child taking any medication? (i.e. aspirin, inhalers, etc.) <b>Please give details of medication and doses overleaf (with their name and date of birth)</b>		
Has your child previously been identified by GP as requiring the flu vaccine due to a medical condition?		

## Consent for Flu vaccination programme (Please complete one box only)

**YES, I CONSENT** for my child to receive the flu vaccine.

**By signing this form I confirm the following statements:**

I confirm I have parental responsibility for the above named child

I have read and understood the information given to me about the nasal 'flu vaccine.

I understand that the information provided will be shared with my GP to update my child's health records

Full Name of Person with Parental Responsibility:

Signature of Person with Parental Responsibility:

Date:

**NO, I DO NOT CONSENT** for my child to have the flu vaccine.

**Please tick reason for declining below and return form to the school.**

My child has had (in the past four months) or will be having the vaccine at our GP surgery.

Do not feel that the vaccine is necessary.

Due to a previous allergic reaction to the vaccine.

Due to the contents of the vaccine.

Other (please state) use separate sheet if necessary

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Full Name of Person with Parental Responsibility:

Signature of Person with Parental Responsibility:

Date:

Office Use – Details checked and initialled by team member:

No action required .....

Follow up by Nurse required .....

Thank you for completing this form. Please detach and return to the school within one week of receipt

