

Nasal Flu Vaccination Consent Form



Croydon Health Services

NHS Trust

Children's Universal Services
Immunisation Team
12–18 Lennard Road
Croydon
CR9 2RS

Direct Line Tel: 020 8274 6453
Email: Ch-Tr.Immunisationteam@nhs.net

September 2022

Dear Parent/Guardian,

The annual flu vaccination programme will run between September and December 2022. The Immunisation Team will be visiting your child's school to administer the nasal flu vaccine. You will be notified of the session date by your school in due course.

Flu can be an unpleasant illness and sometimes causes serious complications. This annual vaccination programme is in place to help protect your child against the flu. Vaccinating healthy children also helps to protect those more vulnerable by reducing the spread and transmission of flu. **The presence of COVID-19 this winter season increases the importance of flu vaccine uptake for those who are vulnerable or who have regular contact with the vulnerable population.**

The vaccine is recommended by the UK Health Security Agency and forms part of the routine immunisation schedule for all children from Reception to school Year 6. It is given via a quick and simple spray up the nose. Please visit the following link for more information regarding the vaccine:

<https://www.nhs.uk/conditions/vaccinations/child-flu-vaccine/>

The attached consent form should be completed indicating your Yes or No consent decision, with all relevant questions answered. **Please return the consent form to the school within seven days of receipt. ***

Any changes regarding the health of your child must be communicated via email to your child's school by 09:00am on the day of vaccination. **

If you require assistance with completing the consent form, please do not hesitate to contact the Team via the contact details above.

Yours sincerely,

Wilma Munzara
Operational Lead

Julie Henn
Immunisation Team Lead

Hayley Sullivan
Immunisation Team Lead

*Please note: the consent form must be completed by the person with parental responsibility for your child. For Looked After Children, the consent form must be completed by the child's Social Worker

** Asthmatic children who are eligible to receive the nasal flu vaccine should do so. Please note that the vaccine should not be administered to asthmatic children who have received oral steroids within the two weeks prior to the session, exhibited wheezing in the three days prior to the session, or has been admitted to intensive care due to an asthmatic attack.



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Parent/Legal Guardian to complete all sections

Student Details	
Surname:	First name:
Date of birth:	Gender: Boy <input type="checkbox"/> Girl <input type="checkbox"/>
NHS number (if known):	Home address:
Mobile number for parent/guardian:	
Ethnicity:	
School:	Year group/class:
GP surgery and address:	

NB. The nasal flu vaccine contains porcine gelatine. Please call the team to discuss 020 8274 6453

If 'NO' consent please tick reason(s) below and return the form to school:

Contraindications to the vaccine	<input type="checkbox"/>	Child's health condition	<input type="checkbox"/>
Religious reasons/contains porcine gelatine	<input type="checkbox"/>	Own beliefs	<input type="checkbox"/>
Already had the vaccine (since September)	<input type="checkbox"/>	Unsure and need more information	<input type="checkbox"/>
Other, details: <input type="text"/>			

If 'YES' consent please complete the Medical History below:

Has your child been diagnosed with *asthma ?	*Yes	No
If Yes , please provide details of all current medications, including dosage:	<input type="checkbox"/>	<input type="checkbox"/>
Has your child taken steroid tablets because of their asthma within the past two weeks ?	<input type="checkbox"/>	<input type="checkbox"/>
Has your child ever been admitted to intensive care because of their asthma?	<input type="checkbox"/>	<input type="checkbox"/>
*IMPORTANT: You must notify your child's school by 9am on the day of vaccination if your child has been wheezy, or had a bad asthma attack in the past three days, as the vaccine may need to be postponed.		
Has your child already had a flu vaccination for the current flu season? (from September this year)	Yes	No
	<input type="checkbox"/>	<input type="checkbox"/>
Is your child's immune system severely affected by disease or medication? Details:	Yes	No
	<input type="checkbox"/>	<input type="checkbox"/>
Has your child had a severe allergic reaction to egg requiring hospital care? Details:	Yes	No
	<input type="checkbox"/>	<input type="checkbox"/>
Is your child receiving salicylate (blood thinning) therapy? Details:	Yes	No
	<input type="checkbox"/>	<input type="checkbox"/>
Is any household member currently having treatment that severely affects their immune system? Details:	Yes	No
	<input type="checkbox"/>	<input type="checkbox"/>

Consent for vaccination from person with parental responsibility (please tick YES or NO) *Please note: the consent form must be completed by the person with parental responsibility for your child. For Children Looked After, the consent form must be completed by the child's Social Worker.

<input type="checkbox"/> YES, I consent to my child receiving nasal flu vaccination	<input type="checkbox"/> NO, I DO NOT consent to my child receiving nasal flu vaccine
Signature of parent/guardian (with parental responsibility):	Full Name (with parental responsibility):
	Date:

FOR OFFICE USE ONLY

Triaging - Pre vaccine assessment for live attenuated influenza vaccine (LAIV) Is the child eligible for LAIV? <input type="checkbox"/> Yes <input type="checkbox"/> No Triaging comments:	Date and Stamp by Nurse:
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OFFICE USE ONLY - Eligibility assessment on day of vaccination:

Asthmatic Child? Yes / No

Parent/guardian notified of wheezing, asthma attack, increase use of medication, oral/inhaled steroids in last three days? Yes / No

Child eligible for LAIV? Yes / No

Date and time of vaccination	Batch number expiry date	Administered by <i>(Name, designation and signature)</i>	Location <i>(please circle)</i>
Live Attenuated Influenza Vaccine			School Clinic Other:
Contraindications or Not Given e.g. acute febrile illness/ already had, child refused etc.	Details:	Date, Sign, & Stamp by Nurse:	

Comments *(Date, time, location, print name, role, signature):*

Dose input Date and by:

