Primary School - Seasonal Flu Vaccination Consent Form

Oxford Health NHS
NHS Foundation Trust

Please complete using a ballpoint pen AND RETURN TO SCHOOL AS SOON AS POSSIBLE

Child's Surname	Child's First Name	Date of Birth	Male/Female

Home Address	Daytime telephone contact
Postcode:	
GP practice and address	**NHS Number** (found in child's 'Red Book')
School	**Year Group: Year 1 ☐ Year 2 ☐ Year 3 ☐**

Severe Allergies	Medical Conditions	Regular Medication

Has your child been diagnosed with asthma?	Yes ☐	No ☐
Has your child needed to take oral steroid tablets in the last year?	Yes ☐	No ☐

Please enter the name of the inhaler(s), the dose and number of puffs per day

Name of inhaler	Dose	Frequency

Please ensure you notify the school nurse team and school office - before the day of vaccination if your child:

- *Has had steroid tablets or needed to **increase** the use of inhaled steroids in the 2 weeks prior to the vaccination session*
- *Has been wheezy in the 3 days before the date of the vaccination session in school*

as the school nurse team will be unable to vaccinate your child with the nasal vaccine in school.

Does your child have a severe egg allergy, requiring hospital treatment?	Yes ☐	No ☐
Is your child receiving salicylate (Aspirin) therapy?	Yes ☐	No ☐
Is your child receiving treatment that severely affects their immune system?	Yes ☐	No ☐
Is anyone in your family receiving treatment that severely affects their immune system?	Yes ☐	No ☐

***If yes,** please give details:*

NB: The nasal flu vaccine contains products derived from pigs (porcine gelatine). There is no suitable alternative flu vaccine available for otherwise healthy children. For more information on the flu vaccination programme, go to www.gov.uk/government/publications/vaccines-and-porcine-gelatine

Consent by parent/guardian with parental responsibility

I consent for my child to receive the flu vaccination **YES** ☐ **NO** ☐

Name (print) _____ (Parent/Guardian) **Signature** _____ **Date:** ____/____/____

Reason consent refused (PTO for additional space)

For Office Use Only

Form triaged - is child eligible for nasal vaccination?	Yes	No (reason)	Assessor (print and sign)	Date

On the day: Has the parent/child reported wheeziness in last 3 days/or use of oral steroids/or increased use of inhaled steroids in the past 2 weeks?	Yes (reason)	No	Assessor (print and sign)	Date

Date	Time	Name of nasal Vaccine	Batch No/ Expiry Date	Immuniser (print and sign)	Place of administration
___/___/___					