

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:
NHS number (if known):	Home telephone:	GP name and address:
Home address:	Parent/guardian mobile:	
Post code:		
Consent and medical history		
Has your child been diagnosed with asthma? Yes <input type="checkbox"/> No <input type="checkbox"/>		Has your child already had a flu vaccination in autumn 2014? Yes* <input type="checkbox"/> No <input type="checkbox"/>
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 4 puffs per day</i>):		Is your child currently having treatment that severely affects their immune system? (For example they are receiving 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? (for example they need to be kept in isolation) Yes* <input type="checkbox"/> No <input type="checkbox"/>
		Is your child allergic to eggs? 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"/>
If Yes , and your child has taken steroid tablets because of their asthma in the past two weeks please give details:		*If you answered Yes to any of the above, please give details:
Please let the immunisation team know if your child has to increase his or her asthma medication after you have returned this form.		On the day of vaccination, please let the immunisation team if your child has been wheezy in the previous week.
<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. For more information on the flu vaccination programme, go to www.gov.uk/government/collections/annual-flu-programme</p>		
Consent for immunisation (please tick YES or NO)		
<input type="checkbox"/> YES , I consent for my child to receive the flu immunisation. My child can be offered the choice to self-administer their vaccine Yes <input type="checkbox"/> No <input type="checkbox"/>		<input type="checkbox"/> NO , I DO NOT consent to my child receiving the flu immunisation. Please give reason(s) below:
Signature of parent/guardian (with parental responsibility):		

