Triaged ◯ FAO Nurse ◯

VACCINATION UK

Nasal Flu Immunisation Consent Form

NHS England

Parent / Guardian: please complete ALL sections on this page.

Child's full name: (first name and surname)		**Date of Birth:**
Home address: Postcode:		Emergency contact number for parent or guardian:
Email:		Sex of child (please circle): **Male** **Female**
NHS Number (if known):		Ethnicity of child:
GP name and address:		GP telephone number:
School:		Year Group/Class:
Does your child have asylum seeker or refugee status? *We are asking this question to see if there are other vaccinations that have been missed.*		Yes / No

CONSENT FOR IMMUNISATION
(Please complete ONE box only)

The person with parental responsibility must sign this form – for more information, go to:
https://www.gov.uk/parental-rights-responsibilities/who-has-parental-responsibility

I have read and understood the information supplied **YES**, I want my child to receive the flu immunisation. Parent / Guardian name:…… Relationship to child:…… Signature:……... Date:……	I have read and understood the information supplied **NO, I DO NOT** want my child to receive the flu immunisation. Parent / Guardian name:…….. Relationship to child:…… Signature:……... Date:…… Reason for refusal:……

NB: The nasal flu vaccine contains products derived from porcine gelatine.
There IS a suitable alternative flu vaccine available in the form of an injection. Please contact the school or your immunisation team for a consent form for the gelatine-free flu vaccine.

Please also answer the questions below – *if you answer YES to any questions, please give details:*

1	Has your child had the flu vaccine since the 1st of July **THIS** year (2024)?	Yes / No
2	Does your child have a disease or treatment that severely affects their immune system (eg: leukaemia)	Yes / No
3	Is anyone in your family currently having treatment that severely affects their immune system? (eg: they need to be kept in isolation)	Yes / No
4	Does your child have a **severe (anaphylactic)** egg allergy previously requiring admission to Intensive Care?	Yes / No
5	Is your child receiving **oral** aspirin therapy (salicylate therapy)?	Yes / No
6	Is your child taking **steroid** tablets or syrup? *(this does **not** included steroid cream or ointment)*	Yes / No
7	Has your child had a **severe (anaphylactic)** allergic reaction to a flu vaccine before?	Yes / No
8	Has your child had **2 doses** of MMR vaccine?	Yes / No
9	Have you been told by your GP or consultant that your child has an allergy to the antibiotic Gentamicin or Neomycin?	Yes / No

If you answered yes to any of the above,please provide details here:

Asthmatic children ONLY:

Please enter the medication / inhaler name and daily dose (puffs):
eg: Budesonide 100 micrograms, 4 puffs per day

Is your child's asthma (please circle one): **MILD** **MODERATE** **SEVERE**

Has your child taken **steroid tablets or syrup** in the past two weeks for their asthma? **YES / NO**

If you answered **yes**, please give the date the tablets were finished ……..

Please let the immunisation team know if your child has to increase their asthma medication after you have returned this form OR if the child has been wheezy or unwell WITH ASTHMA within 72 hours prior to the immunisation day.

FOR OFFICE USE ONLY

ELIGIBILITY ASSESSMENT ON THE DAY OF VACCINATION:

- **Has the child been assessed as suitable for receiving LAIV today? YES / NO**
- **If the child has asthma, has the parent / child reported:**
  - Use of oral steroids in the past 14 days: **YES / NO**
  - An increase in bronchodilator use since consent form completed: **YES / NO**

Asthmatic children not eligible on the day of the session due to deterioration in their asthma control should be offered IM inactivated vaccine to avoid a delay in vaccinating this 'at risk' group.

- If the child is not suitable to receive LAIV, has IM influenza vaccine been given today? **YES / NO**
- If **YES** – name of parent / guardian who has given consent for IM flu vaccine:

  Name: .....

  Relationship to child:.....

  Date / time contacted:.....

Child not immunised today because:

High Temperature ☐

Not well enough today ☐

Refused none given ☐ Refused partially given ☐ Child Refused ☐

Nurse assessors NAME and SIGNATURE:

Live intra nasal influenza vaccine details:

IMMUNISATION	BATCH	EXP DATE	GIVEN BY: PRINT NAME	SIGNATURE / DESIGNATION	TIME / DATE
live intra nasal influenza vaccine					

If Intramuscular (IM) vaccine given today:

Manufacturer:

Batch:
Expiry:

Site given:

Given by:

- Name of nurse……..
- Signature……..

Additional notes: