



# Flu Vaccine Injection Immunisation Consent Form



**This consent form is for the influenza injection.  
It does not contain porcine products.**

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

|   |  |  |
|---|--|--|
| Child's full name:<br>(first name and surname)  |  | Date of Birth:   |
| Home address:<br>Postcode:  |  | Emergency contact number for parent or guardian:           |
| Email:  |  | Sex of child (please circle):<br><b>Male</b> <b>Female</b> |
| 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?<br><i>We are asking this question to see if there are other vaccinations that have been missed.</i> |  | 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>

|   |  |
|---|--|
| <p>I have read and understood the information supplied<br/><b>YES</b>, I want my child to receive the flu immunisation.</p> <p>Parent / Guardian name:.....</p> <p>Relationship to child:.....</p> <p>Signature:.....</p> <p>Date:.....</p> | <p>I have read and understood the information supplied<br/><b>NO, I DO NOT</b> want my child to receive the flu immunisation.</p> <p>Parent / Guardian name:.....</p> <p>Relationship to child:.....</p> <p>Signature:.....</p> <p>Date:.....</p> <p><b>Reason for refusal:</b>.....</p> |
| <p>For use with verbal / Gillick consent</p> <p>Professional's Name: ..... Professional's Registration: .....</p>   |  |

**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 1 <sup>st</sup> of July <b>THIS</b> year (2024)?  | Yes / No |
| 2 | Does your child have a bleeding disorder? (e.g: Haemophilia. This does not include nosebleeds.)                                      | Yes / No |
| 3 | Has your child had a <b>severe (anaphylactic)</b> allergic reaction to a flu vaccine before?   | Yes / No |
| 4 | Has your child had <b>2 doses</b> of the MMR vaccine? (Measles/Mumps/Rubella vaccine. This is usually given at 1 year and preschool) | Yes / No |
| 5 | Does your child have a disease or treatment that severely affects their immune system?   | Yes / No |
| 6 | Is anyone in your family currently having treatment that affects their immune system?  | Yes / No |
| 7 | Does your child have a <b>severe (anaphylactic)</b> egg allergy that has required admission to Intensive Care in Hospital?           | Yes / No |
| 8 | Is your child receiving <b>oral</b> aspirin therapy?   | Yes / No |
| 9 | Is your child taking steroid tablets or syrup at the moment?   | Yes / No |

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

**FOR OFFICE USE ONLY**

**ELIGIBILITY ASSESSMENT ON THE DAY OF VACCINATION:**

Child **not immunised** today because:

High Temperature

Not well enough today

Refused none given  Child Refused

**Nurse assessors NAME and SIGNATURE:**

**Inactivated intramuscular influenza vaccine details:**

| IMMUNISATION                        | IM SITE | BATCH | EXP DATE | GIVEN BY:<br>PRINT NAME | SIGNATURE /<br>DESIGNATION | TIME / DATE |
|-------------------------------------|---------|-------|----------|-------------------------|----------------------------|-------------|
| Inactivated<br>Influenza<br>Vaccine | L) arm  |       |          |                         |                            |             |
|                                     | R) arm  |       |          |                         |                            |             |

**For use with Verbal / Gillick consent:**

|                             |                   |
|-----------------------------|-------------------|
| <b>Professional's Name:</b> | <b>Signature:</b> |
|-----------------------------|-------------------|

**Additional notes:**