



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: (first name and surname)		Date of Birth:
Home address: Postcode:		Emergency contact number for parent or guardian:
Email:		Gender of child (please circle): Male Female
NHS Number (if known):		Ethnicity of child:
GP name and address:		GP telephone number:
School:		Year Group/Class:

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>I have read and understood the information supplied</i></p> <p>YES, I want my child to receive the flu immunisation.</p> <p>Parent / Guardian name:.....</p> <p>Signature:.....</p> <p>Date:.....</p>	<p><i>I have read and understood the information supplied</i></p> <p>NO, I DO NOT want my child to receive the flu immunisation.</p> <p>Parent / Guardian name:.....</p> <p>Signature:.....</p> <p>Date:.....</p> <p>Reason for refusal:.....</p>
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Please also answer the questions below – if you answer YES to any questions, please give details:		
1.	Has your child had the flu vaccine in the past 6 months ?	Yes / No
2.	Does your child have a bleeding disorder?	Yes / No
3.	Does your child take medication to thin their blood?	Yes / No
4.	Has your child had a severe (anaphylactic) allergic reaction to a flu vaccine before?	Yes / No
5.	Has your child had two doses of the MMR vaccine? (<i>Measles, Mumps, Rubella vaccine</i>)	Yes / No
<p><i>If you answered yes to any of the above please provide details here:</i></p>		

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	SITE	BATCH	EXP DATE	GIVEN BY: PRINT NAME	SIGNATURE / DESIGNATION	TIME / DATE
Inactivated Influenza Vaccine	L) arm					
	R) arm					

Additional notes: