

**Annual Nasal flu vaccine to protect against winter flu  
Consent form for school children in  
Reception Classes and School Years 1 to 11 inclusive**



*Please complete and return this form to school before the date nurses will be in your child's school to vaccinate (this will save your child's school having to contact you). Complete a separate form for each child*

<b>Pupil's name:</b>	<b>Pupil's date of birth:</b>
<b>School name:</b>	<b>Form/Year group:</b>
<b>GP Practice Name:</b>	
<b>Parent/Guardian's daytime telephone number(s):</b>	

1. Has your child had severe anaphylaxis to egg which required admission to intensive care? <b>Or</b> Had an anaphylaxis to flu vaccine, or any of the components in the past (other than egg)? <i>If yes, please give details in box below*</i>	<b>Yes</b>	<b>No</b>
2. Is your child receiving salicylate therapy i.e. aspirin?	<b>Yes</b>	<b>No</b>
3. Does your child have a disease or treatment that severely effects their immune system? e.g. treatment for leukaemia*	<b>Yes</b>	<b>No</b>
4. Is there anyone in your family currently receiving treatment that severely affects their immune system? e.g. they have to be kept in isolation*	<b>Yes</b>	<b>No</b>
5. Has your child been diagnosed with asthma? <i>If yes and your child has taken oral steroid tablets or rectal steroids because of their asthma in the past two weeks, please give details*</i>	<b>Yes</b>	<b>No</b>
Has your child ever been admitted to intensive care because of their asthma?	<b>Yes</b>	<b>No</b>
<b>Please telephone the immunisation nurse (07797827391 / 01534 445790) if your child has to increase his or her asthma medication, or has increased wheezing, after you have returned this form to school</b>		
* If you have answered yes to any of the above questions, please provide brief details (continue on the back of this form if necessary):		
*Please make sure you read leaflet and answer all of the above questions.		

<b>Consent to have nasal flu vaccine at school</b>		<b>FOR OFFICIAL USE ONLY:</b>	
<b>YES - I want my child</b> to have the nasal flu vaccine at school		Batch number:	
Parent / Guardian's Name (with parental responsibility)		Expiry date:	
		Date given:	
Relationship to child ( <b>please circle</b> )	Mother / Father / Legal Guardian	Vaccine administered by (print name):	
Signature:		Venue name (if different from school name above):	
Date:			

<b>NO - I do not want my child</b> to have the nasal flu vaccine at school			
Parent / Guardian's Name (with parental responsibility)	Mother / Father / Legal Guardian (Please circle)	Signature:	Date: