

**Annual Nasal flu vaccine to protect against winter flu
Consent form for school children in
Reception Classes and 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.

Pupil's name:	Pupil's DOB (dd/mm/yyyy):
School name:	Form/Year group:
GP Practice Name:	
Parent/Guardian's daytime telephone number(s):	

Please read accompanying leaflet and answer all questions below (tick as appropriate)

1. Has your child had severe anaphylaxis to egg which required admission to intensive care? <i>Or</i> 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>	Yes	No
2. Is your child receiving salicylate therapy i.e. aspirin?	Yes	No
3. Does your child have a disease or treatment that severely affects their immune system? e.g. treatment for leukaemia *	Yes	No
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 *	Yes	No
5. Has your child been diagnosed with asthma? <i>If yes and your child has taken steroid tablets because of their asthma in the past two weeks please give details*</i>	Yes	No
Has your child ever been admitted to intensive care because of their asthma?	Yes	No
<i>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</i>		
*If you have answered yes to any of the above questions, please provide brief details:		

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

<u>NO</u> - I do not want my child to have the nasal flu vaccine at school			
Parent / Guardian's Name (with parental responsibility):	Relationship to child:	Signature: (please type name)	Date (dd/mm/yyyy):