Flu immunisation consent form

NHS
Gloucestershire Care Services
NHS Trust

Parent/guardian to complete **ALL** sections in **PEN**

Immunisation Team Contact Details: 0300 421 8140

Or email glos-care.immunisationteam@nhs.net

Student details

Surname:	First name:	
Date of birth:	Gender: **Girl** ☐ **Boy** ☐	School and class:
NHS number *(if known)*:	Home telephone:	
Home address: Post code:	Parent/guardian mobile: Parent/guardian email:	GP name and address:

Has your child been diagnosed with asthma?
Yes ☐ **No** ☐

If **Yes**. please list the medication name and daily dose *(e.g. Budesonide 100 micrograms, four puffs per day)*:

If **Yes**, and your child has taken steroid tablets because of their asthma in the past two weeks please enter the name, dose and length of course:

Please let the immunisation team know if your child has to increase his or her asthma medication after you have returned this form.

Has your child already had a flu vaccination **since September 2019**? **Yes*** ☐ **No** ☐

Does your child have a disease or treatment that severely affects their immune system? *(e.g. treatment for leukaemia)* **Yes*** ☐ **No** ☐

Is anyone in your family currently having treatment that severely affects their immune system? *(e.g. they need to be kept in isolation)* **Yes*** ☐ **No** ☐

Does your child have a severe egg allergy? *(needing hospital care)* **Yes*** ☐ **No** ☐

Is your child receiving salicylate therapy? *(i.e. aspirin)* **Yes*** ☐ **No** ☐

*If you answered **Yes** to any of the above, please give details:

On the day of vaccination, please let the immunisation team know if your child has been wheezy in the past three days.

NB. The nasal flu vaccine contains products derived from pigs (porcine gelatine). If the vaccine is refused due to this content, only children who are at high risk from flu due to a medical condition will be offered an alternative injected vaccine. More information Is available from www.nhs.uk/child-flu-FAQ

Consent for immunisation (please tick YES or NO)

☐ **YES**, I consent for my child to receive the flu immunisation.

☐ **NO, I DO NOT** consent to my child receiving the flu immunisation.

If 'NO' please give reason(s) below:

Print Name & Relationship to Child	Date

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FOR OFFICE USE ONLY

Pre session eligibility assessment for live attenuated influenza vaccine LAIV

Child eligible for LAIV **Yes** ☐ **No** ☐

If no, give details:

Additional information:

Assessment completed by

Name, designation and signature:

Date:

Eligibility assessment on day of vaccination

Has the parent/child reported the child being wheezy over the past three days? **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 inhaled steroids since consent form completed? **Yes** ☐ **No** ☐

Child eligible for LAIV **Yes** ☐ **No** ☐

If no, give details:

Vaccine details

Date: Time: Batch number: Expiry date:

Administered by

Name, designation and signature:

Date:

[1] **Asthmatic children not eligible on the day of the session due to deterioration in their asthma control should be offered inactivated vaccine if their condition doesn't improve within 72 hrs to avoid a delay in vaccinating this 'at risk' group. In this situation this vaccination will be delivered by your Practice Nurse**

All personal data received about your son/daughter will be held securely, and only accessed by appropriate persons involved in your child's care. It will be processed in a manner that ensures appropriate security of personal data. The Trust has a detailed privacy notice which is available at https://www.glos-care.nhs.uk/privacy-notice

The Trust is compliant with the NHS national information governance toolkit. Our most recent assessment is available at https://www.igt.hscic.gov.uk/ReportsOrganisationChooser.aspx?tk=431594603293679&lnv=3&cb=18ac67d8-886a-4be8-ab45-ca1ba18f5cc3&reptypeid=1

Your child's data will be processed solely to ensure that your child is offered their vaccination in line with the National Childhood Immunisation Programme. The data, and response received will form part of the child's health record. All data, therefore, will be retained, in accordance with the NHS records management code of practice, for children's records.

We have a statutory duty to report statistical vaccinations data, as a percentage of the population; your response will form part of that statistical data. We provide this information to Public Health England, there is no personal data involved in this return.