



Give or refuse consent for the children's flu vaccination

Use BLOCK CAPITALS and a 'tick' or 'x' for boxes

Session

Date	Location
<input type="text"/>	<input type="text"/>

Child's details

<div>1 Child's official name</div> <div>Give the name on your child's birth certificate. If it's changed, give the name held by your child's GP.</div> <div><input type="text"/></div>	<div>4 Child's date of birth</div> <div>DD MM YYYY</div> <div><input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/></div>
<div>2 Child also known as</div> <div>Tell us if they use a different name in school</div> <div><input type="text"/></div>	<div>5 Child's home address</div> <div><input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></div> <div>Postcode</div> <div><input type="text"/></div>
<div>3 Child's GP surgery</div> <div><input type="text"/></div>	

Your details

<div>6 Your name</div> <div><input type="text"/></div>	<div>8 Email address</div> <div><input type="text"/></div>
<div>7 Relationship to the child</div> <div>If you're not the child's parent or guardian, you must have parental responsibility to give consent for the vaccination.</div> <div><input type="text"/></div>	<div>9 Telephone number</div> <div><input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/></div> <div>A nurse might call you about your child's vaccination</div>

Consent

<div>10 Do you agree to your child having the flu vaccination?</div> <div><input type="checkbox"/> Yes, I agree to them having the nasal spray vaccine This is the recommended option and gives the best protection against flu</div> <div><input type="checkbox"/> Yes, I agree to the alternative flu injection This is suitable for children who do not use gelatine products, or cannot have the nasal spray vaccine for medical reasons</div> <div><input type="checkbox"/> No, I do not agree</div>	<div>11 If you do not agree, please tell us why</div> <div><input type="text"/></div>
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Consent, continued

Only answer question 12 if you agreed to your child having the nasal spray vaccine

12 If your child cannot have the nasal spray, do you agree to them having the injected vaccine instead?

We may decide the nasal spray vaccine is not suitable. In this case, we may offer the injected vaccine instead.

☐

Yes

☐

No

Health questions for the nasal spray vaccine

Only answer questions 13 to 18 if you agreed to your child having the nasal spray vaccine

13 Has your child been diagnosed with asthma?

☐

Yes

☐

No

If you answered yes, answer questions 13a and 13b

13a Does your child take oral steroids for their asthma?

This does not include medicine taken through an inhaler

☐

Yes

☐

No

If you answered yes, give details, including the steroid name, dose and end date of the course

13b Has your child ever been admitted to intensive care because of their asthma?

This does not include visits to A&E or stays in hospital wards outside the intensive care unit

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Yes

☐

No

If you answered yes, give details

14 Does your child have a disease or treatment that severely affects their immune system?

The nasal spray flu vaccine is a live vaccine. It is not suitable for people who are severely immunocompromised.

☐

Yes

☐

No

If you answered yes, give details

15 Is your child in regular close contact with anyone currently having treatment that severely affects their immune system?

☐

Yes

☐

No

If you answered yes, let us know if they are able to avoid contact with the immunocompromised person for 2 weeks

Health questions for the nasal spray vaccine, continued

16 Has your child ever been admitted to intensive care due to a severe allergic reaction (anaphylaxis) to egg?

This does not include visits to A&E or stays in hospital wards outside the intensive care unit

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Yes

☐

No

If you answered yes, give details

17 Has your child had a severe allergic reaction (anaphylaxis) to a previous dose of the nasal flu vaccine, or any ingredient of the vaccine?

This includes gelatine, neomycin or gentamicin

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Yes

☐

No

If you answered yes, give details

18 Does your child take regular aspirin?

Also known as Salicylate therapy

☐

Yes

☐

No

If you answered yes, give details

Health questions for the alternative flu injection

Only answer questions 19 and 20 if you agreed to your child having the alternative flu vaccine

19 Does your child have a bleeding disorder or are they taking anticoagulant therapy?

☐

Yes

☐

No

If you answered yes, give details

20 Has your child had a severe allergic reaction (anaphylaxis) to a previous dose of the injected flu vaccine, or any ingredient of the vaccine?

☐

Yes

☐

No

If you answered yes, give details

Health questions for the nasal spray vaccine and alternative flu injection

Only answer questions 21 to 23 if you agreed to your child having the flu vaccination

21

Does your child have any other medical conditions the immunisation team should be aware of?

☐

Yes

☐

No

If you answered yes, give details

22

Has your child had a flu vaccination in the last 3 months?

☐

Yes

☐

No

If you answered yes, give details

23

Does your child need extra support during vaccination sessions?

For example, they're autistic, or extremely anxious

☐

Yes

☐

No

If you answered yes, give details

Your signature

24

Signed

Date