

Flu Immunisation Consent Form



Gloucestershire Health and Care
NHS Foundation Trust

Parent/guardian to complete ALL sections in PEN

Immunisation Team Contact Details: 0300 421 8140 or email FLUimmunisation@ghc.nhs.uk

Student details	
Surname:	First name:
Date of birth:	Gender: Girl <input type="checkbox"/> Boy <input type="checkbox"/> School and class:
NHS number (if known):	Home telephone:
Home address:	Parent/guardian mobile:
Postcode:	Parent/guardian email:
GP name and address:	
Has your child been diagnosed with asthma? Yes <input type="checkbox"/> No <input type="checkbox"/>	Has your child already had a flu vaccination since September 2021? Yes* <input type="checkbox"/> No <input type="checkbox"/>
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:	Does your child have a disease or treatment that severely affects their immune system? (e.g. treatment for leukaemia) Yes* <input type="checkbox"/> No <input type="checkbox"/>
	Is anyone in your family currently having treatment that severely affects their immune system? (e.g. they need to be kept in isolation, currently receiving chemotherapy or medication that compromises the immune system) Yes* <input type="checkbox"/> No <input type="checkbox"/>
	Does your child have a severe egg allergy? (requiring intensive care unit admission) Yes* <input type="checkbox"/> No <input type="checkbox"/>
	Is your child receiving salicylate therapy? (i.e. aspirin) Yes* <input type="checkbox"/> No <input type="checkbox"/>
Has your child ever been admitted to intensive care because of their asthma? Yes* <input type="checkbox"/> No <input type="checkbox"/>	*If you answered Yes to any of the above, please give details:
Please let the immunisation team know if your child has to increase his or her asthma medication after you have returned this form.	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	
Consent for immunisation (please tick YES or NO)	
<input type="checkbox"/> YES, I consent for my child to receive the flu immunisation.	<input type="checkbox"/> NO, I DO NOT consent to my child receiving the flu immunisation.
If 'NO' please give reason(s) below:	
Print name and relationship to child	Date
Signature of parent/guardian (with parental responsibility):	

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 vaccination¹Has 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:

Date:

Time:

Vaccine details

Date:

Time:

Batch number:

Expiry date:

Administered by

Name, designation and signature:

Date:

Assessment Notes:

¹Asthmatic 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 www.ghc.nhs.uk/privacy-notice

The Trust is compliant with the NHS national information governance toolkit. Our most recent assessment is available at www.igt.hscic.gov.uk/ReportsOrganisationChooser.aspx?tk=431594603293679&Inv=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.