**Flu immunisation consent form 2021/22**

**If you have access to the internet please complete the consent form at**

[**https://imms.sirona-cic.org.uk/flu/2021/consent**](https://imms.sirona-cic.org.uk/flu/2021/consent) **you do not need to complete this form as well**

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| --- |
| **Student details** |
| Surname: | First name: |
| Date of birth:\_\_\_\_\_\_/\_\_\_\_\_\_\_/20\_\_\_\_\_\_ | NHS number (if known): |
| Home address:Post code: | School: |
| Year group: |
| Class: |
| Home telephone: | Parent/guardian mobile: |
| Ethnic origin: | Sex: |
| Parents email address:  |
| We collect information on ethnicity and gender to help us understand needs and to tailor our services. The information from this form also helps us to make sure our services are fair and promote equality. By providing your email address we will send you confirmation that your child has received their flu vaccine. |
| **Health Information** |
| Does your child have an illness/receive treatment that severely affects their immune system? *e.g. treatment for leukaemia* | **YES** |  | **No** |  |
| Is anyone in your family (that lives or has prolonged contact with your child) having treatment that severely affects their immune system? i.e. Bone marrow transplant patients requiring isolation  | **YES** |  | **No** |  |
| Has your child ever had a severe anaphylactic reaction to egg requiring intensive care? | **YES** |  | **No** |  |
| Has your child had a severe (anaphylactic) allergic reaction to any previous vaccines? | **YES** |  | **No** |  |
| Is your child receiving salicylate therapy? i.e. prescribed aspirin | **YES** |  | **No** |  |
| Does your child have unrepaired Cranio-facial malformations? | **YES** |  | **No** |  |
| Will this be your child’s 1st ever flu vaccination? If you answer YES please detail below if they are in a clinical risk group | **YES** |  | **No** |  |
| \*If you answered **Yes** to any of the above, please give details: |
| **ASTHMA:** Does your child have severe asthma that has previously required intensive care or requires regular oral steroids for asthma control?  | **YES** |  | **No** |  |
| * If **Yes**, please give details of medication and any intensive care admission relating to asthma

Please let the immunisation team know if your child has to increase their asthma medication after you have returned this form. |
| ***The nasal flu vaccine contains products derived from pigs (porcine gelatine). If you are unable to accept the vaccine for this reason please contact us on 01275 373104 to discuss alternatives.*** |
| **Consent for immunisation (please tick YES or NO)** |
| [ ]  **YES** I consent for my child to receive the flu immunisation Date***\_*\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_\_\_\_**  | [ ]  **NO** I do not consent to my child receiving the flu immunisation If ‘NO’ please give reason(s):Date**\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_\_\_**  |
| **Signature of parent/carer (with parental responsibility):**  |
| ***PLEASE PRINT NAME AND RELATIONSHIP TO CHILD:*** |
| Please note that information about your child’s immunisation will be shared with your GP, NHS and related organisations. We may need to contact you if we need further clarification. If you change your mind about consent please contact us on 01275 373104. Changes must be notified to us at least **two working days before the** school immunisation clinic date. |
| **TO BE COMPLETED BY IMMUNISATION TEAM NURSE** |
| **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: Date:Designation: Signature:  |
| **Eligibility assessment on day of vaccination1** |
| 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?
* An increase in inhaled steroids since consent form completed?
 | **YES YES** |  | **No****No** |  |
| Child eligible for LAIV?  | **YES** |  | **No** |  |
| **Vaccine details** |
| Date: | Time: | Batch number: | Expiry date: |
| **Administered by** |
| Name:  | Date:   | Designation: Registered Nurse  | Signature: |
| **Invite to clinic** | **YES** |  | **No** |  |

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 hours to avoid a delay in vaccinating this ‘at risk’ group.

**Privacy statement**
This service is provided by Sirona care & health, as part of the Community Children’s Health Partnership (CCHP).

Keeping your personal information safe and secure is important to us – so we’ve updated our privacy notice to reflect the changes in data protection laws. For more detailed information on how we protect your information, you can read our Privacy Notice at [www.sirona-cic.org.uk/policies](http://www.sirona-cic.org.uk/policies).

If you have any queries about how your personal information is used or your rights, please contact our Data Protection Officer:

Email: sirona.governance@nhs.net

Telephone: 0300 124 5403

Post: Data Protection Officer, Sirona care & health, 2nd Floor, Kingswood Civic Centre, High Street, Kingswood, Bristol,

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