





Nasal Flu Immunisation Consent Form



Parent / Guardian: please complete <u>ALL</u> sections on this page.

	ild's full name:	Date of Birth:	-	
	st name and surname)			
	me address:	Emergency contaguardian:	act number for parent of	
Pos	stcode:			
Em	ail:	Gender of child (p	please circle): Female	
NH	S Number (if known):	Ethnicity of child:		
CD	name and address:			
GP	name and address:	GP telephone nun	nber:	
Sch	ool:	Year Group/Class	:	
	(Please comp The person with parental responsibility n	OR IMMUNISATION lete ONE box only) nust sign this form – for more information, go to: sponsibilities/who-has-parental-responsibility		
	I have read and understood the leaflet supplied	I have read and understood the leafie	et supplied	
YE	S, I want my child to receive the flu immunisation.	NO, I DO NOT want my child to receive the	flu immunisation	
Pare	nt / Guardian name:	Parent / Guardian name:		
Sign	ature:	Signature:		
Date		Date:		
		Reason for refusal:		
	B: The nasal flu vaccine contains products derived from porcine g healthy children. More information for p ase also answer the questions below – if you a	arents is available from www.nhs.uk/child-flu	lable for otherwise	
	Has your child had the flu vaccine in the past 3 months?	monor red to any questions, please give details:	Yes / No	
	Does your child have a disease or treatment that severely	affects their immune system (eg: leukaemia)	Yes / No	
2	Is anyone in your family currently having treatment that se need to be kept in isolation)	verely affects their immune system? (eg: they	Yes / No	
4.	Does your child have a severe egg allergy (needing hospit	tal care)?	Yes / No	
5.	Does your child have an allergy to gentamicin?		Yes / No	
	ls your child receiving aspirin therapy (salicylate therapy)?		Yes / No	
7.	ls your child on regular steroid medication?		Yes / No	
f you	answered yes to any of the above please provide details	here:		
Asth	nmatic children ONLY:			
Pleas eg: B	se enter the medication / inhaler name and daily dose (puff udesonide 100 micrograms, 4 puffs per day	(s):		
s you	ur child's asthma (please circle one): MILD MO	DERATE SEVERE		
las y	our child taken steroid tablets in the past two weeks for the	neir asthma? YES / NO		
you	answered yes, please give the date the tablets were finish	ned?		
leas	e let the immunisation team know if your child has to incre child has been wheezy or unwell WITH ASTHMA within 72	ase their asthma medication after you have return	ned this form OR	

FOR OFFICE USE ONLY

ELIGIBILITY AS:	SESSMENT ON	THE DAY OF V	ACCINATION:					
Has the contact the conta	child been assess	ed as suitable fo	r receiving LAIV	oday? YES	S / NO			
If the chi	If the child has asthma, has the parent / child reported:							
	se of oral steroids n increase in inhal			YES				
					control should be offered IM cinating this 'at risk' group.			
If the child	is <u>not suitable</u> to	receive LAIV, has	IM influenza vacci	ne been given toda	y? YES / NO			
• If <u>YES</u> – na	ame of parent / guard	lian who has given c	onsent for IM flu vac	cine:				
Name:								
Relationsh	nip to child:							
Date / time	contacted:							
If the IM in	nfluenza vaccine ha	as not been given	today, has the chi	ld been referred ba	ck to their GP? YES / NO			
Child not immunis	sed today becaus	e:						
High Temperature								
	day 🛘							
Not well enough today								
Refused none give	n 🗆 Refu	sed partially given	☐ Child Refu	sed 🗆	1			
Refused none give			□ Child Refu	sed 🗆				
Nurse assessors	NAME and SIGNA	TURE:	□ Child Refu	sed 🗆				
	NAME and SIGNA	TURE:	□ Child Refu	sed 🗆				
Nurse assessors	NAME and SIGNA	TURE:	☐ Child Refu	SIGNATURE / DESIGNATION	TIME / DATE			
Nurse assessors	NAME and SIGNA	TURE:	GIVEN BY:	SIGNATURE /	TIME / DATE			
Nurse assessors Live intra nasal i IMMUNISATION live intra nasal	nfluenza vacci	ine details:	GIVEN BY:	SIGNATURE /	TIME / DATE			
Nurse assessors Live intra nasal i IMMUNISATION live intra nasal influenza vaccine If Intramuscular	nfluenza vacci	ine details:	GIVEN BY:	SIGNATURE /	TIME / DATE			
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Nurse assessors Live intra nasal i IMMUNISATION live intra nasal influenza vaccine If Intramuscular Manufacturer: Batch:	nfluenza vacci	ine details:	GIVEN BY:	SIGNATURE /	TIME / DATE			
Nurse assessors Live intra nasal i IMMUNISATION live intra nasal influenza vaccine If Intramuscular Manufacturer: Batch: Expiry: Site given:	nfluenza vacci	ine details:	GIVEN BY:	SIGNATURE /	TIME / DATE			
Nurse assessors Live intra nasal i IMMUNISATION live intra nasal influenza vaccine If Intramuscular Manufacturer: Batch: Expiry: Site given: Given by:	nfluenza vacci	ine details: EXP DATE iven today:	GIVEN BY: PRINT NAME	SIGNATURE /	TIME / DATE			

Additional notes:





Influenza (Nasal Flu) immunisation for your child in primary school years R - 6

Dear Parent/Guardian.

The Flu Fighters are returning - ready to help protect your little ones from the flu!

This year, all children from Reception to year 6 at infant, junior and primary schools throughout Wolverhampton are being offered a free vaccination to help protect them against flu (influenza), an illness which can cause serious complications. In addition, all children in special schools are eligible for the flu vaccination.

The vaccination is given via a simple squirt up the nose. It is painless and very quick, and side effects are uncommon and generally mild.

Last year, most children offered the vaccine in schools had it, and by giving consent for your child to have the vaccination they are less likely to get flu in the first place, or to pass the virus on to friends and family, especially those who may be at greater risk such as infants, elderly people or friends and relatives with a serious health condition.

To ensure your child doesn't miss out, please complete the enclosed consent form (one for each child) and return it to your school within the next seven days. The person who has parental responsibility must sign the consent form*. If your child suffers from asthma and becomes wheezy or has their medication increased after you return this form, please contact the immunisation team on the number or email below as this may affect whether they can have the vaccine or not.

It is important to complete and return the form even if you do not wish your child to have the vaccination. In order to help us improve our service, we would be grateful if you would let us know your reason for refusal. Should you change your mind at a later date, please feel free to contact us.

Please also take a few moments to read the enclosed leaflet which has answers to some commonly asked questions about flu and the vaccination. You can also find out more at www.nhs.uk/child-flu. If you need further information you can also contact us on:

Wolverhampton:

01902 682922

or

vaccinationwolverhampton@evguk.co.uk

Please include your child's school information when you contact us.

Also included in this pack is your free copy of our fantastic new Flu Fighters sequel - Flu Fighters in The Battle of Planet Bogey. Please share this exciting story with your child - we hope you enjoy it! You can read a digital version of the first story, Flu Fighters Vs Chilly, Achy and Snotty, at www.wolverhampton.gov.uk/flufighters.

Our immunisation team is looking forward to visiting your school in the next few weeks, so please complete your consent form as soon as possible.

Please see over the page for information regarding how we use your child's data, and additional information about the vaccine.

Yours sincerely,

Amanda Yerby Clinical Director

Vaccination UK

*The consent form needs to be signed by a person with parental responsibility which includes:

- Mother: automatic
- Father: if married to the mother either when baby is born or marries subsequently
- Unmarried father: if name appears on birth certificate (since 1/12/03) or legally acquired
- Others: if parental responsibility is legally acquired
- Parental Responsibility Agreement: signed, properly witnessed and sent for registration to Principle Registry or the Family Division (High Court)

Residence Order: granted by the Court

Additional information about Fluenz Flu Immunisation:

Are there any side effects of the vaccine?

Possible side effects are: decreased appetite, headache, a runny or blocked nose, body aches, and a mild temperature. These are uncommon, pass quickly and can be treated with paracetamol/ ibuprofen if you feel your child needs it. These are more common with the first ever dose of flu vaccine and should reduce with doses in the following years.

Are there any children who shouldn't have the nasal vaccine?

Children should not have the nasal vaccine if they:

- Are allergic to eggs, egg proteins or an antibiotic called gentamicin
- Are currently wheezy or have been wheezy in the past week (vaccination should be delayed until at least seven days
 after the wheezing has stopped)
- Are severely asthmatic, i.e. being treated with oral steroids or high dose inhaled steroids
- Have a condition that severely weakens their immune system.

Also, children who have been vaccinated should avoid *close* contact with people with severely weakened immune systems for around two weeks following vaccination. This is because there's an extremely remote chance that the vaccine virus may be passed to them.

Contact with other healthy children or adults does not need to be limited after having the vaccine.

Can the vaccine strain of flu be spread to others who have not been vaccinated? (Viral shedding)

Otherwise healthy, unvaccinated people are <u>not at risk</u> of becoming seriously ill with the weakened flu vaccine virus strain, either through being in the same room where flu vaccine has been given, or by being in contact with a recently vaccinated child. No 'mist' of vaccine virus escapes into the air and therefore there is no need for any child or staff member to be excluded from school during the period when the vaccine is being offered or in the following days. The tiny number of children who have **extremely weak** immune systems (for example those who have just had a bone marrow transplant), are already advised not to attend school because of the much higher risk of contact with other infections that spread in schools. Although vaccinated children may shed a very small amount of vaccine virus for a few days after vaccination, the amount of virus shed is normally below that needed to spread infection to others and the virus does not survive for long outside of the body. Unlike 'natural' flu infection, which spreads very easily during the flu season, the vaccine strain of virus is much less able to spread from person to person than the 'natural' flu. In schools where vaccine is being offered, the overall risk of contact with influenza viruses is massively reduced by having most children vaccinated.

Vaccination UK Privacy Notice 2019:

Who is collecting the data?

Vaccination UK is collecting information about your child to ensure that we have up to date health information about their health at the time that you are consenting for them to receive an immunisation. Their demographic information is used to ensure that we identify their electronic health record accurately.

What data is being collected?

We ask for basic demographic data to allow us to identify them and their health record. The information about their health is utilised by the nurses to ensure that they can confirm that the immunisation is suitable for them.

What is the legal basis for processing the data?

Section 9 (2)(h) of the Data Protection Act 2018 allows for processing of your child's data for the provision of direct healthcare and the management of healthcare systems.

Will the data be shared with any third parties?

Your child's data will be shared with their General Practice (GP) and with the child health information system (CHIS) which holds immunisation and screening information for all children in the UK.

How will the information be used?

We collect data on consent forms to allow us to identify a person's health record if you have consented to their immunisation and to allow the nurses to make decisions about their care based on the most up to date information about their current health.

How long will the data be stored for?

The information will be stored on their electronic health record after their vaccination; this information will be then be available throughout their lifetime. Their paper records will be destroyed once they have been scanned on to their record.

What rights does the data subject have?

Data subjects have the right to request a copy of any data we request or record about them.

How can you contact us with queries or concerns about this privacy notice?

If you have any queries or concerns regarding the information that we hold about your child or have a question regarding this notice, please contact:

Our Data Protection Officer: James Hart, at: j.hart@vaccinationuk.co.uk