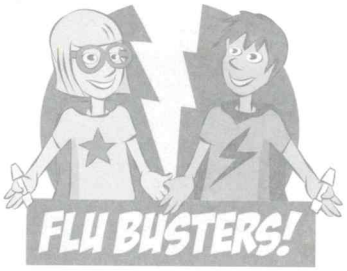

NHS
Birmingham
Community Healthcare
NHS Foundation Trust

Flu consent form

Your child is due to receive a nasal flu vaccination offering protection against winter flu. Please read the attached information and complete this consent form on both sides in blue or black pen, stating whether you DO or DO NOT require your child to have the nasal flu vaccination and return to school as soon as possible. An envelope is available at the school reception if required.

Child's first name:	Date of birth:
Child's surname:	Age:
Home address:	Sex: ☐ male ☐ female
	Daytime telephone for parent/carer:
NHS number (if known):	Ethnicity:
School:	Year group/class:
GP name, address and telephone:	

I confirm that I have parental responsibility for this child. I have understood the information given to me about the nasal flu vaccine. Please complete one box only:

Yes I want my child to have the nasal flu vaccine.	**No** I do not want my child to have the nasal flu vaccine.
Your name: Your relationship to child:	Reason for refusal:
Your signature:	Your name: Your relationship to child:
Date:	Your signature:
	Date:

PLEASE TURN OVER AND COMPLETE HEALTH QUESTIONS

For Health Service use only

Date and time	Please circle		Batch number and expiry date	Nasal administration		Signature
Date: Time:	Vaccine given by	Vaccine supplied by		Left	Right	
Venue: School / clinic			Name of school staff identifying pupil (if relevant)			

Vaccine administered under supervision by:	Date: Time:	Name: Signature:
Pupil not registered on CHIS Request sent to register on:		

Health questionnaire to be completed by Parent/Guardian

Q1	Please tell us if your child has had a flu vaccination since September this year?	Yes ☐ No ☐
Q2	Does your child have any allergies? If yes please give details:	Yes ☐ No ☐
Q3	Does your child have a **severe** egg allergy (requiring intensive care unit admission) If yes please give details:	Yes ☐ No ☐
Q4	Does your child have asthma?	Yes ☐ No ☐
Q5	Has your child ever been admitted to intensive care because of their asthma?	Yes ☐ No ☐
Q6	Does your child have any serious health conditions or are they receiving treatment that severely weakens their immune system? If yes please give details (i.e treatment for leukaemia):	Yes ☐ No ☐
Q7	Is anyone in your family currently having treatment that severely affects their immune system? (e.g. they need to be kept in isolation) If yes please give details:	Yes ☐ No ☐
Q8	If yes to the above question, can your child avoid close contact with them for two weeks after receiving the vaccination? If no please give details:	Yes ☐ No ☐
Q9	Is your child taking any medicines? (including salicylate therapy, i.e aspirin?) If yes please give details:	Yes ☐ No ☐

Information about the vaccination will be put on your child's health records, including records at their GP surgery and held by the NHS.

Please add any further information that you feel would be useful .....
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.....
.....

Best Care
Healthy Communities

Produced by Clinical Photography and Graphic Design, Birmingham Dental Hospital
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