

# Consent for nasal spray flu vaccine

This consent form should be filled in pen by a parent or a guardian with parental responsibility for the child. Return the form to your child's school before the vaccination session. Please take time to read the information that came with this form. For more information on flu and the vaccines, visit: [phw.nhs.wales/flu vaccine](http://phw.nhs.wales/flu vaccine). For a full list of the vaccine ingredients and possible side effects, visit: [medicines.org.uk/emc](http://medicines.org.uk/emc) (external site) and enter 'Fluenz' into the search box. If you have any questions or want to discuss the vaccination, please contact the school nurse or immunisation team.



Scan me for more information on Flu

<b>Child's full name (first name and surname):</b>	<b>Date of birth:</b>	<b>School:</b>
<b>Home address and postcode:</b>	<b>Daytime contact number:</b>	<b>Year or form:</b>
	<b>Name and address of GP:</b>	

The nasal spray vaccine contains **pork gelatine**. More information on this is available here: [phw.nhs.wales/PorkGelatine](http://phw.nhs.wales/PorkGelatine)  
 There is a **gelatine free injection** that your child can have instead of the nasal spray. To discuss this, please tick here:

**To make sure the vaccine is suitable for your child, please answer all the questions below.**

Has your child already had a flu vaccine this autumn/winter?	No <input type="checkbox"/>	Yes <input type="checkbox"/>
Does your child have any allergies that have needed urgent medical treatment?	No <input type="checkbox"/>	Yes <input type="checkbox"/>
Does your child have a severe allergy to egg that they have needed intensive-care treatment for?	No <input type="checkbox"/>	Yes <input type="checkbox"/>
Is your child suffering from a condition or having treatment that <b>severely</b> affects their immune system (for example, treatment for leukaemia, or high dose steroids)?	No <input type="checkbox"/>	Yes <input type="checkbox"/>
Is anyone in your household currently having treatment that severely affects their immune system (for example, a bone marrow transplant or being nursed in a protective environment in hospital)?	No <input type="checkbox"/>	Yes <input type="checkbox"/>
Is your child receiving aspirin (salicylate) treatment?	No <input type="checkbox"/>	Yes <input type="checkbox"/>
Has your child had or is your child due to have a cochlear implant in the week before or in the two weeks after their flu vaccine is being given?	No <input type="checkbox"/>	Yes <input type="checkbox"/>
Does your child have asthma? (The nasal spray flu vaccine is preferred for <b>most</b> children with asthma.)	No <input type="checkbox"/>	Yes <input type="checkbox"/>

**If your child has asthma, please answer the following questions.**

Has your child ever been admitted to intensive-care for their asthma?	No <input type="checkbox"/>	Yes <input type="checkbox"/>
Is your child prescribed regular steroid tablets because of their asthma?	No <input type="checkbox"/>	Yes <input type="checkbox"/>
On the day of the vaccination, it is important you tell the nurse if your child is <b>wheezy</b> (or has been wheezy in the last three days); or has had to <b>use their asthma inhaler more often than usual</b> .		

**If you answered yes to any of the questions above, or there are any other medical conditions that the immunisation team should be aware of, please give details in the box below:**

Young people aged 16 and over can consent for themselves. In some cases, young people under the age of 16 may be able to give consent themselves. This can happen if they are mature enough to fully understand what is being offered. It is still preferred that parents/guardians are involved. **We encourage you to talk to your child about the vaccination before the session.** Any vaccination your child receives will be recorded within the NHS for the purpose of record-keeping and vaccine-monitoring. To find out how the NHS uses your information, visit [111.wales.nhs.uk/AboutUs/Yourinformation](http://111.wales.nhs.uk/AboutUs/Yourinformation) (external site).

**Consent for immunisation**

<input type="checkbox"/> <b>Yes, I have parental responsibility, and I agree to my child (named above) receiving the nasal flu vaccination.</b>	<input type="checkbox"/> <b>No, I have parental responsibility, and I do not agree to my child (named above) receiving the nasal flu vaccination. Please give your reasons in the comments box below.</b>
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<b>Your name (please print):</b>	<b>Relationship:</b>
<b>Signature of parent or guardian:</b>	<b>Date:</b>

**Comments** (parents and health service):

**Thank you for filling in this form. The section below is for health service use only.**

Date and time	Vaccine and product name	Batch number	Expiry date	Name of immuniser	Signature of immuniser