NHS
Central London
Community Healthcare
NHS Trust

Your healthcare closer to home

School Age Immunisation Team

Barnet Team
Vale Drive Clinic
Vale Drive
Barnet
EN5 2ED
Tel: 07811-369-731

Harrow Team
Alexandra Avenue Health Centre
275 Alexandra Avenue
Harrow
HA2 9DX
Tel: 0781-425-3095

Hounslow Team
Heston H/C
25 Cranford Lane
Hounslow
TW5 9ER
Tel: 07769-791-614

September 2019

Dear Parent/Guardian,

Your child's annual flu vaccination is now due

This vaccination is recommended to help protect your child against flu and is now being offered to all children in primary school. Flu can be an unpleasant illness and sometimes causes serious complications. The circulating flu virus varies each year and the vaccination is changed accordingly, that is why yearly vaccination is recommended. Vaccinating your child will not only protect them but it will also help protect more vulnerable friends and family by preventing the spread of flu.

Please complete the enclosed consent form (one for each child) and return to the school as soon as possible to ensure your child receives their vaccination (your schools should be able to provide you with yours schools date).

The vaccination is free and is a quick and simple spray up the nose. Even if your child had it last year, it is recommended to have the flu vaccine again this year.

A leaflet explaining the vaccination programme is enclosed and includes details about the small number of children for whom the nasal vaccine is not appropriate.

If you have any queries please contact your local healthcare team on the number above.

Yours sincerely,

School Aged Immunisation Team

Central London Community Healthcare

If your child becomes wheezy or has their asthma medication increased after you return this form, please contact the healthcare team or your child's school.

If you decide you do not want to vaccinate your child against flu, please return the consent form giving the reason. This will help us plan and improve the service.

For further information see: www.nhs.uk/child-flu

Flu immunisation consent form

Parent/guardian to complete **(please complete the form in full)**

Student details

Surname:	First name:	
Date of birth:	Gender: **Girl** ☐ **Boy** ☐	School name year group and class:
NHS number *(if known)*:	Home telephone:	
Home address: Post code:	Parent/guardian mobile:	GP name and address:

Has your child been diagnosed with asthma? **Yes** ☐ **No** ☐	Has your child had a flu vaccination in the last **6 months**? (if so please give date) **Yes*** ☐ **No** ☐
If **Yes**, and your child is currently taking inhaled steroids (i.e. uses a preventer or regular inhaler), please enter the medication name and daily dose *(e.g. Budesonide 100 micrograms, four puffs per day)*:	Does your child have a disease or treatment that severely affects their immune system? *(e.g. treatment for leukaemia)* **Yes*** ☐ **No** ☐
	Is anyone in your immediate family currently having treatment that severely affects their immune system? *(e.g. they need to be kept in isolation)* **Yes*** ☐ **No** ☐
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:	Has your child been admitted to intensive care due to a severe egg allergy? **Yes*** ☐ **No** ☐
	Is your child receiving salicylate therapy? *(i.e. aspirin)* **Yes*** ☐ **No** ☐
	*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 has returned this form.	**If your child receives the flu vaccine via the GP after you have returned this consent form please let the team know ASAP so that your child does not receive the vaccine twice.** **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-FAQ

Consent for immunisation (please tick YES or NO)

☐ **YES**, I consent for my child to receive the flu immunisation.	☐ **NO,** I DO NOT consent to my child receiving the flu immunisation.
	If 'NO' please give reason(s) below:
Signature of parent/guardian *(with parental responsibility):* Date:	Signature of parent/guardian *(with parental responsibility):* Date:

Flu immunisation consent form

FOR OFFICE USE ONLY

☐ ☐

Eligibility assessment on day of vaccination

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? **Yes** ☐ **No** ☐
- an increase in inhaled steroids since consent form completed? **Yes** ☐ **No** ☐

Child eligible for LAIV **Yes** ☐ **No** ☐

If no, give details:

Vaccine details

Date: Batch number: Expiry date:

Administered by

Name, designation and signature:

Date:

[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 hrs to avoid a delay in vaccinating this 'at risk' group.