For GP – 2 nd dose	For GP info only	
	• 1	





Nasal Flu Immunisation Consent Form

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

surgery and those held by the NHS.							
Child's Surname (BLOCK LETTERS)	Child's Forenames	Sex	Ethnicity	Date of	Birth		
(======================================		M / F					
Doutime Contact Number	Address (BLOCK L	ETTERS) in a	l actordo				
Daytime Contact Number	Address (BLOCK L	.E11EKS) IIIC. p	ostcode				
School:	Family Doctor add	ess & telephone	number				
Year Group: R 1 2 3 4 5 Please circle							
Since September 2018 has your child already received a flu immunisation? YES NO							
Has your child ever had a nasal flu vaccir	nation?			YES	NO		
Is your child currently receiving treatment that severely affects their immune system? (for example are they receiving treatment for leukaemia) see leaflet page 9							
Is anyone in your household currently or recently receiving treatment that severely affects YES NO The immune system (for example chemotherapy or nursed in isolation)							
Is your child receiving salicylate therapy?				YES	NO		
Does your child have long term health conditions (see leaflet page 7) including a severe allergy, Specifically an allergy to egg that has resulted in anaphylaxis? Please give details:							
Has your child been diagnosed with asthma? If Yes, and your child is currently taking inhaled steroids (ie: uses a preventer or regular inhaler), please enter the medication name and daily dose ((eg Budesonide 100 micrograms, four puffs a day)							
If Yes, and your child has taken steroid tablets because of their asthma in the past two weeks please give details:							
Please let the immunisation team know if your child has had to increase his or her asthma medication after you have returned this form. On the day of immunisation, please let the immunisation team know if your child has been wheezy in the past three days.							
PARENTAL CONSENT FOR IMMUNISATION (please complete YES or NO section)							
YES, I DO CONSENT for my child to receive	ve the flu NO,	DO NOT CONSI	E NT to my child re	ceiving the	flu		
immunisation	imm	unisation					
Signature of parent/guardian	Signa	ature of parent/	guardian				
Relationship to child	Relat	tionship to child.					
Date	Date						
For Completion by nursing staff							
Uncomplicated triage eligible for nasal flu	immunisation		Y	ES	NO		
For nurse assessment: Any pre-session	nurse action		,	res	NO		
Triaged by:				ate:			

FOR MEDICAL USE ON DAY OF IMMUNISATION

Has the parent reported health contraindications on day of immunisation	YES	NO
Child appears clinically well and eligible for Nasal Flu?	YES	NO
Asthmatic children on day of immunisation		
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 Nasal Flu?	YES	NO _
Child does not meet PGD criteria and nurse action *Asthmatic children not eligible on the day of the session due to deterioration in their asthma control should be surgery for inactivated vaccine to avoid a delay in vaccinating this 'at risk' group.	ould be sign posted to	o their GP
Date	1	
Record of the supply of vaccine under SOP:		
Batch number: Expiry date:		
Assessment and supply completed by		
Date Designation	1 <u>.</u>	
Immunisation details		
Vaccine Administration Details:- LEFT Nostril - YES / NO RIGHT	Nostril - YES /	NO
Time:		
Date		
Vaccine Not Given Details:		
Date		