

Consent form

Parent / Guardian to complete

1.1 Child's Details				
First Name		Surname		
Date of Birth		Gender		
NHS Number		GP Name		
Home Address		GP Address		
	Postcode		Postcode	
Main Contact Number		Secondary Contact Number		
School Name		Year Group	Class	

1.2 Consent (please review the NHS & patient information leaflet and clearly indicate your choice before signing)

Please Note

- If your child is under 9 and in an 'at risk' category and has not had a flu vaccination before, they will need a follow up vaccination 4 weeks after the initial vaccination, our Pharmacists will make sure you are aware if your child falls into this category
- The nasal flu vaccine contains products derived from pigs (porcine gelatine). There is no suitable alternative flu vaccine available for healthy children. For more information on the flu vaccination programme, please go to www.gov.uk/government/collections/annual-flu-programme

Circle as appropriate

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 details why)
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Signature of Parent / Guardian (with parental responsibility)		Relationship to child	
Printed Name of Parent / Guardian (with parental responsibility)		Date	

2.1 Medical Questionnaire (Only to be completed if consenting to vaccination, please clearly circle relevant answers)

Does your child have any medical conditions or are they taking medication which reduces their immunity? (for example, they are receiving treatment for Leukaemia)	YES	NO
Does your child have a severe egg allergy? (Needing hospital care)	YES	NO
Is anyone in your family currently receiving treatment that severely affects their immune system? (For example, they need to be kept in isolation)	YES	NO
Is your child receiving salicylate therapy? (i.e. aspirin)	YES	NO
Has your child ever had an anaphylactic reaction or any generalised allergic reaction to any previous injection or vaccine?	YES	NO
Does your child have an allergy to any of the following? sucrose, dibasic potassium phosphate, monobasic potassium phosphate, gelatine (porcine, type A), arginine hydrochloride, monosodium glutamate monohydrate, water for injections or gentamicin?	YES	NO
Is your child taking any antiviral medicines or will they stop taking them less than 48 hours before the vaccination?	YES	NO
Does your child have any unrepaired craniofacial malformations? (e.g. cleft palate)	YES	NO
Has your child ever had a flu vaccination before?	YES	NO
Has your child already had a flu vaccination this season? (September 2017 onwards)	YES	NO
Has your child been diagnosed with Asthma? If yes and your child is 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):	YES	NO

If you have answered yes to any of the above, please provide further details;

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- Please note if your child has asthma and they have an increase in their dose of inhaled steroids after you have completed this form or if they have used an oral steroid in the 14 days leading up to their vaccination date please contact us on the number provided as this could affect their vaccination.
- If your child has reported being wheezy in the three days prior to their vaccination date, or if there have been any other changes to their general health which you wish to make us aware of, contact us as soon as possible so we can ensure the vaccine is suitable for them. For contact details please see information letter.

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Boots Pharmacist use only

3.1 Pharmacist Clinical Check			Clinical check completed by	
Has consent been provided?	YES	NO	Signature	
Is consent form completed?	YES	NO	Name (Printed)	
Is the child eligible for vaccination?	YES	NO	GPHC Number	
Does the child require a 2 nd vaccination?	YES	NO	Date	
Confirm parent / guardian has been contacted if not eligible for vaccination	YES	NO		

Additional notes from clinical check (e.g. confirmation of communication with parent / guardian)

4.1 Eligibility Assessment on day of vaccination
 (If unable to get clear answers from child contact consenting parent / guardian before proceeding and record in section 4.3)

Confirm consent provided	YES	NO
Confirm child's details (name and at least one other of piece of information i.e. D.O.B)	YES	NO
Has the child been wheezy in last 3 days	YES	NO
Does the child have a severe or acute febrile illness	YES	NO
Does the child have a heavily blocked or runny nose	YES	NO

4.2 If the child has Asthma

Has the child or their parent / guardian reported an increase in their use of a bronchodilator in the past 3 days	YES	NO
Has the child or their parent / guardian reported use of an oral steroid in the past 14 days	YES	NO
Has the child or their parent / guardian reported an increase in dose of inhaled steroid since consent form was completed	YES	NO

4.3 Notes (please record here if you have contacted the consenting parent / guardian to confirm any details)

5.1 Final check

Is the child still eligible for Fluenz (if no provide details)	YES	NO	Details:
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5.2 Vaccine administration details

Vaccine	Fluenz tetra nasal spray suspension influenza vaccine (live attenuated nasal)			
Batch Number		Expiry date		
Vaccine checked by			Date	
Administration route	Nasal	Date administered	Time	
Administered by				
Signature		Name (printed)	GPHC Number	

Additional comments – post vaccination

Ensure a post vaccination form is completed for child. Remember to identify here if the child requires a 2nd vaccination and where applicable to document the reason for not vaccinating