

School Aged Immunisation Service
Stapleford Primary Care Centre
Church Street
Stapleford
Nottingham
NG9 8DB

07920182032

SchoolAgedImmunisationTeam@nottshc.nhs.uk

Autumn/Winter 2017-2018

Dear Parent/Guardian,

Your child's annual flu vaccination is now due (school years - Reception, 1, 2, 3 & 4).

(All children born between 01.09.2008 and 31.08.2013)

This vaccination programme is in place to help protect your child against flu. Flu can be an unpleasant illness and sometimes causes serious complications. Vaccinating your child 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 within the specified birth range) and return to your child's school by **29th September 2017** to ensure your child receives their vaccination. Vaccinations will be given between October and December 2017.

The vaccination is free and recommended for children, and will be given by a quick and simple spray up the nose. It is painless, very quick and side effects are uncommon.

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 your child is absent on the day there will be clinics offered towards the end of the season. This vaccine is not offered by your GP unless your child is in an identified at risk group.

If you have any queries please contact the School Aged Immunisation Service on **0115 8835055**.

Yours sincerely,



School Aged Immunisation Service

If your child becomes wheezy or has their asthma medication increased after you return this form, please contact the School Aged Immunisation Service.

Please let the immunisation team know if your child receives this vaccination anywhere else after you have completed this form otherwise they may be vaccinated again.

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

Flu immunisation consent form

Please let the immunisation team know if your child receives this vaccination anywhere else after you have completed this form.

(Children born between 01.09.2008 and 31.08.2013)

Child's full name (first name and surname):	Date of Birth:
Home Address:	Daytime contact telephone number for parent carer:
NHS number:	Ethnicity:
School:	Year group/class:
GP name and address:	
<p>Has your child been diagnosed with asthma?</p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>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 4 puffs per day):</p>	<p>Has your child had a Flu vaccination this school year (from September 2017)</p> <p>Yes* <input type="checkbox"/> No <input type="checkbox"/></p> <p>Does your child have a disease or treatment that severely affects their immune system? (e.g. treatment for Leukaemia)</p> <p>Yes* <input type="checkbox"/> No <input type="checkbox"/></p> <p>Is anyone in your family currently having treatment that severely affects their immune system? (e.g. they need to be kept in isolation)</p> <p>Yes* <input type="checkbox"/> No <input type="checkbox"/></p> <p>Does your child have a severe egg allergy? (needing hospital care)</p> <p>Yes* <input type="checkbox"/> No <input type="checkbox"/></p> <p>Is your child receiving salicylate therapy? (i.e. aspirin)</p> <p>Yes* <input type="checkbox"/> No <input type="checkbox"/></p> <p>*If you answered Yes to any of the above, please give details</p>
<p>Important</p> <p>If your child is prescribed steroid tablets or their medication changes because of their asthma before they are due to receive their flu vaccination please contact the Immunisation Team on 0115 8835055 or SchoolAgedImmunisationTeam@nottshc.nhs.uk</p>	
<p>Consent for Flu immunisation (please complete one box only)</p>	
I consent for my child to receive the Flu Immunisation.	I do not consent for my child to receive the Flu Immunisation.
Name	Name
(Parent/Guardian)	(Parent/Guardian)
Signature	Signature
(Person with parental responsibility)	(Person with parental responsibility)
Date	Date

FOR OFFICE USE ONLY

Pre session eligibility assessment for live attenuated influenza vaccine LAIV

Child eligible for LAIV Yes No

If no, give details:

Assessment completed by
Name, designation and signature:

Date:

Session eligibility assessment for live attenuated influenza vaccine LAIV

Child eligible for LAIV Yes No

If no, give details:

Eligibility assessment on day of vaccination for children who are asthmatic

Has the parent/child reported the child being wheezy over the past three days? Yes No

If yes:

Has the child had oral steroids in the past 14 days? Yes No

Has the child had an increase in inhaled steroids since Consent form completed? Yes No

Child eligible for LAIV on day of session Yes No

If no give details:

Date of LAIV Vaccination	Batch number and expiry	Immuniser (please print)	Where administered (school, clinic, etc.)