

Eastleigh School
Nursing Team
Blackthorn Health Centre
Satchell Lane
Hamble
Southampton
SO31 4NQ
Tel: 023 80 453593

2018/19 Flu programme

Dear Parent/Guardian,

Your child's annual flu vaccination is now due

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) **if you wish your child to receive the vaccine** and return it to the school within **one week** to ensure they are vaccinated.

The vaccination is free and recommended for young children, and will be given by a quick and simple spray up the nose.

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

Last year, within Hampshire around 75-80% of school aged children in Reception to Year 4 received the nasal flu vaccination. This year the programme will include all children in Reception to Year 5.

If your child has asthma and becomes wheezy, or has their asthma medication increased after you return this form, or you have any other questions, please contact your local School Nurse Team on the above number.

Yours faithfully,

School Nursing Team

Southern Health NHS Foundation Trust

Flu immunisation consent form

Parent/guardian to complete - Please complete and return this form to the school within **one week** of receiving it only if you wish your child to receive the vaccine

Child details		
Surname:		First name:
Date of birth:	Gender: Girl <input type="checkbox"/> Boy <input type="checkbox"/>	School and class/year group:
NHS number (if known):	Home telephone:	GP name and address:
Home address:	Parent/guardian mobile:	
Post code:	Next of Kin:	
<p>Has your child been diagnosed with asthma? Yes <input type="checkbox"/></p> <p>If Yes, please list the medications/inhalers they take/use:</p> <p>If your child has taken steroid <u>tablets</u> because of their asthma in the past two weeks please enter name, dose and length of the course:</p> <p>Please let the School Nurse team know if your child increases their asthma medication or becomes wheezy after you have returned this form.</p>		
<p>Has your child received a flu vaccination since Sept 2018? Yes* <input type="checkbox"/> Date</p> <p>Does your child have a disease or treatment that severely affects their immune system? (e.g. treatment for leukaemia) Yes* <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) Yes* <input type="checkbox"/></p> <p>Does your child have a severe egg allergy? (needing hospital care) Yes* <input type="checkbox"/></p> <p>Is your child receiving salicylate therapy? (i.e. aspirin) Yes* <input type="checkbox"/></p> <p>*If you answered Yes to any of the above, please give details:</p>		
<p>NB. The nasal flu vaccine contains products derived from pigs (porcine gelatine). There is no suitable alternative flu vaccine available for otherwise healthy children. More information is available from www.nhs.uk/child-flu</p>		
Consent for immunisation		
<p><input type="checkbox"/> YES, I consent for my child to receive the nasal flu immunisation.</p>		
Signature: (Person with parental responsibility):		
Print Name:		
Date (DD/MM/YYYY):		

Flu immunisation consent form

FOR OFFICE USE ONLY

Date pre-session eligibility assessment completed:

If not eligible give reasons:

(Highlight clearly on front of this form as relevant)

**On day of vaccination:
(Consent confirmed)**

Vaccination given: Fluenz Tetra® / Flumist Live attenuated influenza vaccine (*delete as relevant*)

Date vaccine given: Time:

Batch Number:

Expiry Date:

Print Name:

Signature:

Designation:

Child not immunised today due to:

- Absence
- Asthma: severe, refer to GP
- Child refused (none given)
- Not well on the day
- Vaccination at GP
- Contraindications:

Children with asthma not eligible on the day of the session due to deterioration in their asthma control should be offered inactivated vaccine from the GP if their condition doesn't improve within 72 hrs to avoid a delay in vaccinating this 'at risk' group.