

### HOW TO CONSENT FOR YOUR CHILD TO HAVE THE INFLUENZA NASAL SPRAY VACCINATION







#### THE FIRST SCREEN WILL LOOK LIKE THIS.

It will tell you at the top of the screen which consent form you have opened.

Make sure this vaccination name matches the one at the top of your parent consent letter.

Coan the Gift coole to go at	ight to the Pla veccination consent form.		s	iussex Community
2023-2024 Sc The influence nessi spray vaccin This accelentic vac	Parent / Guardian Invitation to C tool Based Influenza (Flu) Nasal Sp tion is offered annually as part of the nat the vaccioe will be offered to chidren in a	Consent for: ray Vaccination Progr ional programme for vacci il war croups from Roce	amme nation of children and y tion through to Year 11.	Internation Service Children Brighton & Families Dirio Osmani Hospital En Groue Brighton 502 32W 502 752 Intra-Isan Clinia, ref comp people.
WHY SHOULD I VACCINATE MY CHILD? Fluit is increasibly the influenza view, which differe one readers and parad salay. It one has a very unalessant likesay, which ca is angle gains for an influenza problem, to instantitize and phenomena. Further information is also available on the N Choices which are smarthauk	PUBLIC HEALTH INFORMATIO Visionation is one of the reads informations. Having the vectoration connexis informations protectime wedge com mose for whom informate press e.g. fusions and altern project. 55 The Informations season in the UK through to Spring.	W uccessfulPublic Health routh, pationality a serious health risk is from Autumn	IS THE FLU VACCENAT: The vacchation is given painless agray into each in heiging to protect ohis The vacche has undergible before being loanced for Contained within this lett questions and useful into and the virus 2 protects is	ION SAFE? as a simple, quick, and incodel, it is safe and effective from operating safety leading or a groous safety leading ruse in the UK. ler are some frequently esked tomation about the vecches, quarter.
Complete the steps below, before the closing Your entire consent form closes at 11am, 1. Read the vaccination resources provider	How do I give consent fi date and time, to consent for your shild to he 4 working days before your session date, on the next page, within the frequently sales	or this vaccination? we the influence need sprey which can be found in the figurations.	vaccination. accompanying email fro	am your child's school.
2. Click on the following link: www.support 3. Enter and confirm your preferred email a 4. Enter your school code <a href="https://www.support.com">www.support.com</a>	numbelions on uk FormaFily or scen the QR Idness - You will necelve a confirmation email see Coderro and stick Find School - School	code at the top of this page following submission of the codes are unique to each at	consent form. shool and alte. Use the cos	de found on this letter, to avoid
delays with vaccination. 5. Check the school's name matches the so 6. Parent / Legal Quardian (with Parental III registered estimates and GP.	col your child attends: «venenge school na sponsibility) to complete and submit the com	main's sent form, indicating your ch	oice of consent - Please a	maure you provide the child's
We hope that the information provi If you are unable to complete the saled questions for to	ed helps you to make a positive decision ab vaccination is read prime form, do not want your child to have th a to propeed. Speak to a mamber of the low	out protecting your child age Ry available. Is vaccination, or wish to ch surisation Service by calling	inst this potentially serious ange your consent, please your local team, on 01273	s disease, for which a read the thequerity (\$10011).
Brighton Ext 3709 Chich	ster Ext. 8100 Crawley Ext 2043	Heathfield Ext 2000	Uckfield Ext 4931	Worthing Ext 0533

#### Flu Vaccination Consent Form

Next

Sussex Community

**NHS Foundation Trust** 

Registration				
Please enter your email address and the code provided by your school. Then press 'Find School'. It is important that you enter the correct email address as future correspondence will be emailed to you about your child's vaccination.				
After you have finished, if you change your mind or need to tell us about changes to your child's medical history, do not complete another consent form. Please visit www.susseximmunisations.co.uk/Contact to contact the immunisation team and tell us about any changes.				
Email address				
Confirm email address				
School code				
Find School				
School name				

You can read our fair processing policy here: www.sussexcommunity.nhs.uk/contact-us/patient-records.htm



## YOU WILL NEED THE PARENT CONSENT LETTER YOUR CHILD'S SCHOOL SENT YOU FOR THIS SCREEN.

202	Sussex Community	
Registration		
Please enter your email address and	d the code provided by your school. Then press 'Find So	chool'. It is important that you enter the correct email addres
After you have finished, if you chang	ge your mind or need to tell us about changes to your c	child's medical history, do not complete another consent forn
Email address		
Confirm email address		Enter your email address into both these boxes.
School code		
SX123789		Enter your school code – this is on your parent
Find School		consent letter under the heading 'How do I give consent for this vaccination?'
School name	L	The Second by the Atlance inclus with the Atlance inclus with the Atlance inclus with the the Atlance inclus with the Atlance inclus with the Atlance inclus with the Atlance inclus with the
School is now closed. Please	contact the immunisation team.	Check the school name in the grey box matches the school name on your parent.
		Consent letter. C
Next		
ls t	the school name correct?	
lf y	<b>es</b> , click next.	
lf n	o, recheck the code on the p	arent letter (make sure any 0's are

entered as a number not a letter).

For assistance call one of the numbers on the bottom of the parent letter.

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#### THE NEXT SCREEN LOOKS LIKE THIS.

#### IT HAS BOXES TO WRITE YOUR CHILDS NAME, DATE OF BIRTH AND GP SURGERY.



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# THE NEXT SCREEN LOOKS LIKE THIS (for flu, this will be after the screen on the next page) IT ASKS QUESTIONS ABOUT YOUR CHILD'S MEDICAL HISTORY.





THIS IS THE LAST SCREEN (for flu it is the second to last screen).

#### THE FIRST QUESTION ASKS YOU IF YOU CONSENT FOR VACCINATION.

Click in the	Consent				
circle next to your answer.	I consent to the child named on this form to receive the full HPV vaccination course:				
	ONo				
If you select	Please choose   It is used in the vaccinations above. To the heat of my knowledge the child named on this form has not already had the vaccinations above. For their see 1				
will appear	November and mass nationese vaccinations I do not feel that the vaccine(s) is necessary Due to a previous allergic reaction to the vaccine(s) Other				
Use the	Full Name (Parenuguardian with parental responsibility)				
drop-down	white your name in this box.				
list to pick a reason.	Relationship to child				
·	Please choose				
	I consent to the child named on this form Digital Health (e.g. GP) Record being available to be viewed by SCFT staff involved in their care.				
	OYes No				
circle next to					
your answer.	Submit Click 'Submit' to send us your completed form.				
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#### WHEN YOU CLICK THE GREEN SUBMIT BUTTOM THIS PAGE WILL APPEAR. YOU WILL ALSO GET AN EMAIL TELLING YOU A CONSENT FORM HAS BEEN SUBMITTED FOR YOUR CHILD.

Sussex Community NHS NHS Foundation Trust

Thankyou. The consent form was submitted.

If you change your mind or need to tell us about changes to your child's medical history, do not complete another consent form. Please visit www.susseximmunisations.co.uk/Contact to contact the immunisation team and tell us about any changes.



For more information about vaccinations please visit www.nhs.uk/conditions/vaccinations

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If you need additional support, please call us: 01273 696011 EXT. Brighton – 3789 Chichester – 8100 Crawley – 2043 Heathfield – 2080 Uckfield - 4931 Worthing – 8533

