INFLUENZA VACCINATION CONSENT FORM 2020 / 2021

PLEASE COMPLETE USING BLOCK CAPITALS IN BLACK INK



Before completing, please read the FAQ's attached to this form.

Please ensure ALL boxes marked (*) below are complete. Any missing information may result in your child not being vaccinated on the day of the school session. Legal SURNAME:* Legal Forename:* Date of Birth:* Male □ Female Name known as, if different: Ethnicity: Contact Telephone Number(s) for Parent(s) / Guardian(s)* Home Address: * We may use this number to call or send a text regarding this vaccination Postcode:* GP Surgery Name & Town:* NHS Number: (if known) School:* Year Group:* Class Name: Please complete ALL questions below by ticking either YES or NO YES NO Does the above named child have any severe allergies to egg, gentamicin or previous flu vaccination?* Is the above named child immunocompromised? E.g. undergoing treatment for Leukemia or in isolation.* Are any household members in isolation due to being immunocompromised? E.g. chemotherapy, bone marrow transplant. If so, avoid close contact with them for 2 weeks. I consent to the above named child's Digital Health (e.g. GP) Record being available to be viewed by SCFT staff involved in their care List ALL medication or inhalers taken by your child below. Medication Additional Information Consent for Influenza Vaccination Programme (please complete one box only) * YES, I CONSENT NO, I DO NOT CONSENT for the above named child to receive the Influenza vaccine. for the above named child to have the Influenza vaccine. By signing this form I confirm the following statements: Please tick reason for declining below and return form to the school. I have parental responsibility for the above named child. ☐ My child has had the vaccine in the past four months. I have read and understood the information about the ☐ Do not feel that the vaccine is necessary. Influenza nasal vaccine. $\hfill\square$ Due to a previous allergic reaction to the vaccine. I understand that this information will be held in the above \square Due to the contents of the vaccine. named child's health record and shared with their GP. \Box Other (please state) use separate sheet if necessary Full Name of Person with Parental Responsibility Full Name of Person with Parental Responsibility: Signature of Person with Parental Responsibility: Signature of Person with Parental Responsibility:

Date:

Date:

FOR OFFICE USE ONLY													
Eligibility assessment on day of vaccination (please tick as appropriate)											YES	NO	
Has the parent/child reported the child being wheezy over the past three days?													
If the child has asthma, has the parent/child reported any reason why vaccination should be postponed? E.g. Use of oral steroids or, an increase in inhaled steroids in the past 14 days?													
Is the child unwell (with fever) today or has an audible wheeze?												2	
Does the child have any contraindications today for the Nasal Influenza Vaccination?													
Letter received from parent?													
ONLY If the child is unable to confirm 2 unique identifiers, record the details of whom the Identify was confirmed by:													
Name:			Job Role:				Date & Time:				Nurse Initials:		
Date of Vaccina	Batch No & Expiry Date			Nurse Checking Supplying Vacc (print & sign)		ine Administr		nistered by (initial)	Where Administered (if not school)				
Information given as per PGD (please tick)													
	Vaccination Not Received – Date & Initial Reason												
Unwell □	Refused □			Withdraw	Absent □		nt 🗆	Other □		Returned for Vaccination □			
Date:	Date:			Date:		Date:			Detail on		Date:		
Time:	Time:			Time:		Time:		communication sheet.		Time:			
Initial:	Initial:			Initial:		Initial:				Initial:			
COMMUNICATION RECORD													
NAME:	Child demographics to be completed in documenting below this point.										mpleted if point.		
DOB:	NHS No:												
Date & Time:	:			Phone call to parent – Message le			eft to call the team back			Init	nitial:		
Date/Time											Name, Signa		
								Wildle In					