

INFLUENZA VACCINATION CONSENT FORM 2020 / 2021

PLEASE COMPLETE USING BLOCK CAPITALS IN BLACK INK



Sussex Community
NHS Foundation Trust

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 <input type="checkbox"/>																				
				DD	MM	YYYY	Female <input type="checkbox"/>																				
Name known as, if different:				Ethnicity:																							
Contact Telephone Number(s) for Parent(s) / Guardian(s)* <i>We may use this number to call or send a text regarding this vaccination</i>				Home Address: *																							
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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	Dose	Additional Information

Consent for Influenza Vaccination Programme (please complete one box only) *

YES, I CONSENT

for the above named child to receive the Influenza vaccine.

By signing this form I confirm the following statements:

I have parental responsibility for the above named child.

I have read and understood the information about the Influenza nasal vaccine.

I understand that this information will be held in the above named child's health record and shared with their GP.

Full Name of Person with Parental Responsibility

Signature of Person with Parental Responsibility:

Date:

NO, I DO NOT CONSENT

for the above named child to have the Influenza vaccine.

Please tick reason for declining below and return form to the school.

- My child has had the vaccine in the past four months.
- Do not feel that the vaccine is necessary.
- Due to a previous allergic reaction to the vaccine.
- Due to the contents of the vaccine.
- Other (please state) use separate sheet if necessary

Full Name of Person with Parental Responsibility:

Signature of Person with Parental Responsibility:

Date:

Office Use – Initial appropriate box(es)

No action.....

Demographic query.....

Clinical query.....

Query Completed.....

