

# Be a Flu Fighter!

Last year we saw an increasing amount of children with flu-like symptoms. Some children in your local area were admitted to hospital and were confirmed as having influenza. In addition, several primary schools were closed due to flu-like illness. Ensure you protect your child this winter!

Dear Parent/Guardian,

**If your child is in Reception to Year 7 and you would like them to have the nasal flu spray then please turn over, complete the attached form, ensuring all relevant boxes are completed, and return the form to school ASAP. If you do not want your child to have the vaccination you do not need to do anything, do not complete the form.**

This vaccination programme is in place to help protect your child against flu. Flu can be a very serious illness and sometimes causes major health complications particularly in children and the elderly. Vaccinating your child will also help protect more vulnerable friends and family by preventing the spread of flu. Please ensure you read and understand all the information by visiting <https://www.nhs.uk/conditions/vaccinations/child-flu-vaccine/> before you complete the consent form.

While preventing the spread of Covid-19 and caring for those infected is a public health priority, it remains very important to maintain good coverage of immunisations, particularly in the childhood programme. In addition to protecting the individual, this will avoid outbreaks of vaccine preventable diseases that could harm individuals and increase further the numbers of patients requiring health services.

**Note: The nasal flu vaccine contains trace amounts of products derived from pigs (porcine gelatine). More information is available from [www.nhs.uk/child-flu-FAQ](http://www.nhs.uk/child-flu-FAQ)**

The vaccination is free and recommended for children and is given via a quick and simple spray up the nose.

**If you have any questions please do not hesitate to contact us on: 0300 003 2554**

Yours sincerely,

Karen Guest-Humphries  
Clinical Lead,  
Childhood Immunisation Team for Durham, Darlington and Teesside

# Flu immunisation consent form

To be completed by a parent/guardian

Student details (please complete ALL sections)	
<b>Child's first name:</b>	<b>Child's surname:</b>
<b>Child's date of birth:</b>	<b>Sex:</b> Female <input type="checkbox"/> Male <input type="checkbox"/>
<b>Home address:</b>	<b>Class:</b>
<b>Postcode:</b>	<b>Year Group:</b>
<b>Contact number:</b>	<b>School:</b>
Health questions	
<p><b>Has your child been diagnosed with Asthma?</b>                      Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Medication taken:</p>	<p>Has your child already had a flu vaccination this winter? Yes* <input type="checkbox"/> No <input type="checkbox"/></p>
<p><b>If your child takes steroid tablets in the 2 weeks leading up to flu vaccination please let the team know on 0300 003 2554 as they should not have vaccine</b></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"/> No <input type="checkbox"/></p>
<p>Is anyone in your family currently having treatment that affects their immune system? (e.g. they need to be kept in isolation) Yes* <input type="checkbox"/> No <input type="checkbox"/></p> <p>If Yes, do you understand that your child will need to be kept away from individuals in isolation for health reasons for a period of 2 weeks? Yes* <input type="checkbox"/> No <input type="checkbox"/></p>	<p>Does your child have a severe egg allergy? (needing hospital care) Yes* <input type="checkbox"/> No <input type="checkbox"/></p>
<p><input type="checkbox"/> <b>YES</b>, I consent for my child to receive the flu immunisation. Vaccine information will be shared with your GP and your child's health record. If you do not want your child to receive their vaccine please discard this consent form.</p> <p><b>Name:</b></p> <p><b>Signature of parent/guardian</b> (with parental responsibility)</p> <p><b>Date:</b></p>	<p>Is your child receiving salicylate therapy? (i.e. aspirin) Yes* <input type="checkbox"/> No <input type="checkbox"/></p> <p>*If you answered <b>Yes</b> to any of the above, please give details:</p>
	<p><b>Staff use only:</b></p> <p>Child eligible for LAIV ; Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p><b>Child assessed by:</b></p> <p><b>Name:</b> _____ <b>Signature:</b> _____</p> <p><b>Date:</b> _____</p> <p><b>Fluenz Tetra administered:</b></p> <p><b>Name:</b> _____</p> <p><b>Signature:</b> _____</p> <p><b>Date:</b> _____</p> <p><b>Batch No:</b> _____</p> <p><b>Expiry date:</b> _____</p> <p><b>Reason not given:</b></p> <p><b>Absent/Unwell/Refused/Contraindicated</b></p>