South Tyneside and Sunderland NHS Foundation Trust

Northumbria Healthcare NHS Foundation Trust

IMMUNISATION CONSENT FORM
NASAL FLU - CONTAINS PORCINE GELATIN

Child's full name (first name and surname):	Date of birth: ____/____/____	Gender: Male ☐ Female ☐
Home address:		
Daytime telephone number for parent / carer	Ethnicity:	
School:	Year group/class:	
GP name and address	NHS number (if known):	
CONSENT FOR NASAL FLU VACCINATION	**NON CONSENT FOR NASAL FLU VACCINATION**	
I would like my child to receive the nasal flu vaccination	I do not want my child to have the nasal flu vaccination	
Name	Name	
Signature _____ (Parent / Legal Guardian)	Signature _____ (Parent / Legal Guardian)	
Relationship to Child _____	Relationship to Child _____	
Date ____/____/____	Date ____/____/____	
Has your child had the nasal flu vaccination **since September this year** YES ☐ NO ☐	Is your child or any of your family currently having treatment that severely affects their immune system e.g. chemotherapy, malignancy HIV? YES ☐ NO ☐ If yes, please give details overleaf	
Does your child have a severe egg allergy that has resulted in the need for hospital treatment? YES ☐ NO ☐	Is your child receiving salicylate therapy i.e. aspirin? YES ☐ NO ☐	
Has your child been diagnosed with asthma? YES ☐ NO ☐ If yes, have they taken steroid medication, outside of their routine inhalers, in the last two weeks? Please give details		

On the day of immunisation please let the team know if your child has been wheezy or has needed an increase in their asthma medication in the previous three days

DETAILS OF TREATMENT CURRENTLY BEING GIVEN TO CHILD OR FAMILY MEMBER - TO BE COMPLETED BY PARENT / GUARDIAN

Has the family member affected received the flu injection in the last two weeks?

Yes ☐ **No** ☐

OFFICE USE ONLY

Date of nasal flu vaccination ____/____/____	Batch number/ expiry date	Immuniser (please print)	Where administered (school, college, GP etc)

OFFICE USE ONLY

Eligibility checked by	Signed	Date ____/____/____
Date of attempted vaccination ___/___/__	Reason vaccination not given	
Date ____/____/____	Post immunisation issues / adverse reactions / notes	