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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Child Information and Contact Details** | | | | | | | | | | | | | | | |
| Surname: | | | | | First Name: | | | | | | | | | | |
| Date of Birth: | | | Age: | | NHS Number (*if known*): | | | | | | | | | | |
| Gender: Male 🞎 Female 🞎 | | | | | GP Surgery Name: | | | | | | | | | | |
| Home Address:  Post Code: | | | | | GP Telephone: | | | | | | | | | | |
| GP Address:  Post Code: | | | | | | | | | | |
| School Name: | | | | | | | | | | |
| School Year: | | | | | | | | Class: | | |
| **We may need to contact you to discuss any queries. Please provide your contact details** | | | | | | | | | | | | | | | |
| Day time contact number: | | | | | | | Mobile number: | | | | | | | | |
| Email Address: | | | | | | | | | | | | | | | |
| May we contact you for feedback on our service? Yes/No (delete as appropriate)  If yes, please tell us how we can contact you. Post 🞎 Email 🞎 | | | | | | | | | | | | | | | |
| **Consent Declaration \*\*\*MUST BE SIGNED\*\*\*** **and returned as soon as possible.** | | | | | | | | | | | | | | | |
| **🞎 Yes, I consent for my child to receive the nasal flu vaccine,** | | | | | | **🞎 No, I do not consent for my child to receive the nasal flu vaccine**  **\*\*\*You are NOT required to complete medical questionnaire \*\*\*** | | | | | | | | | |
| **SIGNATURE OF PARENT/CARER - (with parental responsibility)**  **Print Name: Date:** | | | | | | | | | | | | | | | |
| **Medical Questions - please complete in full if consenting yes** | | | | | | | | | **No** | **Yes** | | **If Yes, provide details** | | | |
| Does your child have any severe allergies to food such as egg or any medicines including vaccines? (E.g. previous LIFE THREATENING allergic reaction) | | | | | | | | |  |  | |  | | | |
| Has your child had their flu vaccine within the last four months? (E.g. at your GP surgery) | | | | | | | | |  |  | |  | | | |
| Is your child receiving salicylate therapy (blood thinning medication)?  (i.e. aspirin) | | | | | | | | |  |  | |  | | | |
| Is your child currently having treatment that severely affects their immune system? (For example they are receiving treatment for leukaemia) | | | | | | | | |  |  | |  | | | |
| Is anyone in your family currently having treatment that severely affects their immune system?  (for example they need to be kept in isolation) | | | | | | | | |  |  | |  | | | |
| Does your child have asthma?If Yes, and your child is currently taking oral or inhaled steroids (e.g. tablets or uses a preventer or regular inhaler), please enter the medication name and daily dose (e.g. Budesonide100 micrograms, four puffs per day) | | | | | | | | |  |  | |  | | | |
| Please let us know if your child has any medication changes after you return this form. | | | | | | | | | | | | | | | |
| **What else would you like to tell us?** | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | |
| **Thank you for completing this form please return to school as soon as possible** | | | | | | | | | | | | | | | |
| If you would like to speak to one of our nurses please call 0300 123 5205 or email [kchft.cyp-immunisationteam@nhs.net](mailto:kchft.cyp-immunisationteam@nhs.net) | | | | | | | | | | | | | | | |
| **For Immunisation team staff use only** | | | | | | | | | | | | | | | |
| **Vaccinator must tick** | | | | **Yes** | **No** | **Vaccinator must tick** | | | | | | | | **Yes** | **No** |
| Details correct on consent form? | | | |  |  | Any known allergies? | | | | | | | |  |  |
| Confirm correct cohort for vaccination? | | | |  |  | Patient information leaflet given? | | | | | | | |  |  |
| Child well today? | | | |  |  |  | | | | | | | |  |  |
| **Vaccination Administration details** | | | | | | | | | | | | | | | |
| Vaccine name | Batch number & expiry date | Intranasal Please tick | | | Date & time given | | | PGD | | | PSD | | Name and Signature and designation of healthcare professional | | |
| L | | R |
| Fluenz Tetra |  |  | |  |  | | |  | | |  | |  | | |
|  | |  |
| **Healthcare Professional comments/actions/ additional notes** | | | | | | | | | | | | | | | |
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