

Intra Nasal or Injectable (Porcine Gelatine Free) Flu Vaccine



Mersey Care
NHS Foundation Trust

Consent Form

Community and Mental Health Services

Child's full name (first name and surname):		
Home address and postcode:		
NHS number: (if known)	Date of birth:	School year:
School:	Daytime contact telephone number for parent/guardian/carer:	
GP name and address:	Ethnicity:	

Has your child required oral steroids in the last 2 weeks to manage their asthma?*	Yes	[]	No	[]
Does your child have a disease or treatment that severely affects their immune system? (e.g. treatment for Leukaemia)	Yes	[]	No	[]
Is anyone in your family currently having treatment that severely affects their immune system? (e.g. they need to be kept in isolation)	Yes	[]	No	[]
Does your child have a severe egg allergy or anaphylactic reaction to anything? (needing intensive care)	Yes	[]	No	[]
Does your child take salicylate medication (Aspirin)?	Yes	[]	No	[]
Does your child have a bleeding or bruising disorder?	Yes	[]	No	[]

***Please inform the Immunisation team if your child's asthma deteriorates and you have had to increase their medication after you have returned this form, please call: 0151 295 3833**

If you answered **YES** to any of the above, please give details the Immunisation team may contact you for further information. Please ensure you include a contact telephone number.

NB. A small number of children cannot have the nasal spray because of medical conditions or treatments. They can be offered protection through an injected vaccine instead.

The nasal spray vaccine contains a very small amount of gelatine from pigs (porcine gelatine) to keep the vaccine stable. If you do not accept medicines or vaccines that contain porcine gelatine, a flu vaccine injection is available that contains no gelatine. Please indicate on the form if you wish your child to have the alternative.

Consent for Immunisation (please complete YES or NO box and return form to school office)

YES, I give consent for my child to be immunised with the <u>nasal flu vaccine</u>	YES, I give consent for my child to be immunised with the <u>injectable porcine gelatine free Flu vaccine</u>	NO, I do not give consent for my child to be immunised with the any flu vaccine
Name:	Name:	Name:
Signature: Parent/guardian/carer	Signature: Parent/guardian/carer	Signature: Parent/guardian/carer
Date:	Date:	Date:

Thank you for completing this form information provided will be transcribed onto the Econsent system

If you wish to amend your form or attend the GP for your child's flu vaccine you must contact the Immunisation team directly and not leave messages with school

**FOR OFFICE USE ONLY.
NURSE TO COMPLETE.**

Signature:

Date:

Pre session triage for Fluenz Tetra

Child eligible for Fluenz (consent form signed, no contraindications)

Yes

No

Comments:

*FOR OFFICE USE ONLY

Has the parent/child reported the child being wheezy over the past three days? If Yes, give details:

Eligibility assessment on day of vaccination completed (RN at session)

Name:

Signature:

Vaccine details (RN)

Batch number:

Expiry date:

Supplied/administered (circle as applicable) School Clinic

Date:

Time:

Injectable Site (circle as applicable)

L ARM

R ARM

Administration details (CSW) to be completed where supplied or (RN) vaccinating

Name:

Signature:

**Form Transcribed Information Please tick as Completed
(Paper forms to be retained until end of campaign)**

**Transcribed by
(Staff member)**

Pre Session

Post session

☐

Assessment and Vaccination details
updated on Econsent

☐

(go to next box)

NB. Asthmatic children not eligible on the day of the session due to deterioration in their asthma control should be advised to attend their GP and offered inactivate vaccine if their condition doesn't improve within 72 hours to avoid a delay in vaccinating this 'at risk' group.

Additional Information: