**Flu immunisation consent form**

**Please complete in black or blue ink.**

**Important information:** The influenza vaccine is being offered to your child and is to be given at

their school. Please ensure that you read the accompanying information before completing the form.

Gender: Boy Girl

**Asthma medication / inhaler**

**Dose**

**How often**

Has your child ever been in intensive care as a result of their asthma? **Yes No**

Has your child taken steroids in the last 2 weeks? **Yes No**

Has your child been diagnosed with asthma? Please give details of medication below. **Yes No**

Is your child receiving salicylate therapy (e.g. aspirin)? **Yes\* No**

Has your child ever been admitted to hospital due to a severe allergic reaction to eggs? **Yes\* No**

Is anyone in your family currently having treatment that severely affects their **Yes\* No**

immune system (e.g. they need to be kept in isolation)?

Is your child currently having treatment that severely affects their immune system **Yes\* No**

(e.g. they are receiving treatment for leukaemia)?

Does your child have any medical conditions? **Yes\* No**

Has your child had a flu vaccination in the last four months? **Yes\* No**



**Student Details**

First name:

Last name:

Date of birth:

Doctor’s Surgery:

School:

Year group/class:

Home address:

Contact phone numbers:

If you answered Yes\* to any of the above, please give details (e.g. condition, treatment or medication):

**NB. The nasal flu vaccine contains products derived from pigs (porcine gelatine). Please indicate on this form if due to the porcine content you would prefer your child to have the injectable vaccine.**

**Consent for immunisation (please tick Yes or No)**

YES, I consent for my child to receive the flu immunisation.

NO, I DO NOT consent to my child receiving the flu immunisation.

If ‘NO’ please give reason(s) here:

Signature of the parent /guardian with parental responsibility:

Date DD/MM/YYYY