



**Hounslow and Richmond
Community Healthcare**

NHS Trust

Lambeth and Southwark School age
Immunisation Team
Bermondsey Health Centre
108 Grange Road
London
SE1 3BW
Tel: 020 3049 8799

Date: 1st September 2020

Dear Parent/Guardian,

Your child's annual flu vaccination is now due

This vaccination is recommended to help protect your child against flu. Flu can be an unpleasant illness and sometimes causes serious complications. Vaccinating your child will also help protect more vulnerable family and friends by preventing the spread of flu.

Please complete the enclosed consent form (one for each child) and return to the school by 21st September 2020 to ensure your child receives their vaccination.

The vaccination is free and is a quick and simple spray up the nose. Even if your child had it last year, it is recommended to have the flu vaccine again this year.

Information explaining the vaccination programme is available online and includes details about the small number of children for whom the nasal vaccine is not appropriate, alternatively the school office many have some paper copies. see: www.nhs.uk/child-flu

Since the programme was introduced, most children offered the vaccine in schools have had the immunisation.

If you have any queries, please contact the immunisation team on email below

Lambeth schools hrch.immunisationteammailboxlambeth@nhs.net Tel: 020 3049 7218

Southwark schools hrch.immunisationteammailboxsouthwark@nhs.net Tel: 020 3049 7188

Yours sincerely,

Christiana Ogunleye -- Immunisations Team Lead Lambeth & Southwark

If your child becomes wheezy, has a bad attack of asthma, or has started oral steroids for their asthma after you return this form, please contact the healthcare team on [phone number].

If you decide you do not want to vaccinate your child against flu, please return the consent form giving the reason. This will help us plan and improve the service.

For further information see: www.nhs.uk/child-flu

Flu Immunisation Consent Form 2020

Parent / Guardian to fully complete (Blue/Black Ink)

SECTION 1 – Student details		
First name:	Last name:	Known as:
Date of Birth:	Gender: Girl <input type="checkbox"/> Boy <input type="checkbox"/>	School Name:
NHS No.: (Found in Red Book)	Home Telephone No:	Year & Class:
Home Address:	Parent/Guardian Mobile No:	GP Name and Address:
Post Code:		

NB. The Nasal Flu Spray is a live vaccine which contains gelatine derived from pigs (porcine gelatine). There is no suitable alternative flu vaccine available for otherwise healthy children. More information for parents/guardians is available from www.nhs.uk/child-flu

SECTION 2 – Consent (please confirm YES or NO by putting a tick in one box)

<input type="checkbox"/> YES, I consent for my child to receive the Flu Immunisation. I confirm I have parental responsibility. Please now complete Section 3 and 4.	<input type="checkbox"/> NO, I DO NOT give consent for my child to receive the Flu Immunisation. I confirm I have parental responsibility. Please now complete Section 4
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If 'NO' please give reason(s) below:

SECTION 3 – Child's health questions (only complete if consenting to the nasal flu vaccine)

Has your child been diagnosed with Asthma? Yes <input type="checkbox"/> or No <input type="checkbox"/>	Has your child already had the flu vaccine in the last 6 months?
If Yes , has your child taken steroid tablets because of their asthma within the past two weeks? Yes <input type="checkbox"/> or No <input type="checkbox"/>	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"/>
Has your child ever been admitted to intensive care because of their asthma? Yes <input type="checkbox"/> or No <input type="checkbox"/>	Is anyone in your family currently having treatment that severely affects their immune system? (e.g. they need to be kept in isolation) Yes* <input type="checkbox"/> No <input type="checkbox"/>
	Does your child have a severe egg allergy? (needing intensive care) Yes* <input type="checkbox"/> No <input type="checkbox"/>
	Is your child receiving salicylate medication? (i.e. aspirin) Yes* <input type="checkbox"/> No <input type="checkbox"/>
	*If you answered Yes to any of the above, please give details:
Please let the immunisation team know if your child has to increase their asthma medication prior to the Immunisation session taking place at school.	If your child has been wheezy or had an asthma attack in the 3 days before immunisation day, please ask the school to inform the nurse.

SECTION 4 – To be completed by person with parental responsibility

Signature of Parent/Guardian: Full Name (Printed):	Date:
Relationship:	/ /

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Date of vaccine	Batch Number & Expiry Date	Vaccine administered by Print & Sign	Where administered
			School <input type="checkbox"/> Catch up in school <input type="checkbox"/> Catch up clinic <input type="checkbox"/>
PPE worn Yes <input type="checkbox"/> No <input type="checkbox"/>			

¹ Asthmatic child not eligible on the day of the session due to deterioration in their asthma control should be offered inactivated vaccine if their condition doesn't improve within 72 hrs to avoid a delay in vaccinating this 'at risk' group.

Nurse notes

Date and Time	Note	Print and sign