



**The Flu Immunisation Team  
will be at school on  
Thu 15<sup>th</sup> Oct**

Immunisation Team  
Edward Jenner Court  
1010 Pioneer Avenue  
Brockworth  
Gloucester  
GL3 4AW

Tel: 0300 421 8140

[GHC.Immunisation@ghc.nhs.uk](mailto:GHC.Immunisation@ghc.nhs.uk)

September 2020

Dear Parent/Guardian,

**RE: Childhood Nasal Flu Programme Reception to Year 6**

**Your child's annual flu vaccination is now due. It is important that you consent or decline the flu vaccination via either a paper or online consent form. A failure to do this will result in further contact from the Immunisation Team to ensure that you have received the offer of vaccination.**

**In response to COVID-19 please be reassured protection measures will be in place. All Immunisation Staff will be in full PPE kit which will include face mask, face shield, apron and gloves. All staff will maintain social distancing as far as possible and in line with Government policy and procedures and also our Trust policy and procedures.**

**Is your child asthmatic?**

**If so, we require you to complete a paper consent form.** This is due to recent changes to the assessment criteria for those children with asthma which we are unable to update on our online system this year. This will ensure full medical information is shared with the Immunisation Team, which will allow your child to be safely vaccinated on the day.

**Why vaccinate**

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

The vaccination 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.

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

A leaflet explaining the programme is enclosed.

## Giving consent

Where possible please could we ask that parents/carers use our preferred online option **(one per child)**. You can access the online form using the link below or by scanning the QR code at the top of the previous page. A paper consent form is included in this pack should you prefer to complete this instead of submitting online.

If opting to consent via the **paper consent form please return it to school within one week.**

<https://immsconsentforms.glos-care.nhs.uk/GCSFluVac/FluConsent>

On successfully completing your online consent form, you will receive an email confirmation with your unique identifier, please keep safe.

When consenting **online please complete as soon as possible** to aid with our administration and planning process. **The online system closes two working days prior to your child's school based session.** After this time a paper consent will need to be completed and returned to school. Your school session date will be advertised on the school website.

## Getting the vaccine sooner

If your school's scheduled date is late within the autumn term and you wish to vaccinate your child earlier, please contact the team and book your child into one of our community clinics.

## Need more information?

If you have any queries or would like any further information please contact the Immunisation team on **0300 421 8140**.

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.

Yours sincerely



Caroline Halford  
Head of School Aged Immunisations

**If your child becomes wheezy or has their asthma medication increased after you return this form, please contact the healthcare team on 0300 421 8140. For further information see: [www.nhs.uk/child-flu](http://www.nhs.uk/child-flu)**

# Flu Immunisation Consent Form

Gloucestershire Health and Care  
NHS Foundation Trust

Parent/guardian to complete **ALL** sections in **PEN**

Immunisation Team Contact Details: 0300 421 8140 or email [GHC.Immunisation@ghc.nhs.uk](mailto:GHC.Immunisation@ghc.nhs.uk)

Student details		
Surname:		First name:
Date of birth:	Gender: Girl <input type="checkbox"/> Boy <input type="checkbox"/>	School and class:
NHS number (if known):	Home telephone:	GP name and address:
Home address:	Parent/guardian mobile:	
Postcode:	Parent/guardian email:	
<div> <div> <p>Has your child been diagnosed with asthma? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>If <b>Yes</b>, please list the medication name and daily dose (e.g. <i>Budesonide 100 micrograms, four puffs per day</i>):</p> <p>If <b>Yes</b>, and your child has taken steroid tablets because of their asthma in the past two weeks please enter the name, dose and length of course:</p> <p>Has your child ever been admitted to intensive care because of their asthma? Yes* <input type="checkbox"/> No <input type="checkbox"/></p> <p>Please let the immunisation team know if your child has to increase his or her asthma medication after you have returned this form.</p> </div> <div> <p>Has your child already had a flu vaccination since September 2020? Yes* <input type="checkbox"/> No <input type="checkbox"/></p> <p>Does your child have a disease or treatment that severely affects their immune system? (e.g. <i>treatment for leukaemia</i>) Yes* <input type="checkbox"/> No <input type="checkbox"/></p> <p>Is anyone in your family currently having treatment that severely affects their immune system? (e.g. <i>they need to be kept in isolation, currently receiving chemotherapy or medication that compromises the immune system</i>) Yes* <input type="checkbox"/> No <input type="checkbox"/></p> <p>Does your child have a severe egg allergy? (requiring intensive care unit admission) Yes* <input type="checkbox"/> No <input type="checkbox"/></p> <p>Is your child receiving salicylate therapy? (i.e. <i>aspirin</i>) Yes* <input type="checkbox"/> No <input type="checkbox"/></p> <p>*If you answered <b>Yes</b> to any of the above, please give details:</p> <p>On the day of vaccination, please let the immunisation team know if your child has been wheezy in the past three days.</p> </div> </div>		
<p><b>NB.</b> The nasal flu vaccine contains products derived from pigs (porcine gelatine). If the vaccine is refused due to this content, only children who are at high risk from flu due to a medical condition will be offered an alternative injected vaccine. More information is available from <a href="http://www.nhs.uk/child-flu">www.nhs.uk/child-flu</a></p>		
Consent for immunisation (please tick YES or NO)		
<input type="checkbox"/> <b>YES</b> , I consent for my child to receive the flu immunisation.		<input type="checkbox"/> <b>NO, I DO NOT</b> consent to my child receiving the flu immunisation.
If 'NO' please give reason(s) below:		
Print name and relationship to child		Date
Signature of parent/guardian (with parental responsibility):		

**FOR OFFICE USE ONLY****Pre session eligibility assessment for live attenuated influenza vaccine LAIV**Child eligible for LAIV      Yes ☐ No ☐

If no, give details:

Additional information:

**Assessment completed by**

Name, designation and signature:

Date:

**Eligibility assessment on day of vaccination<sup>1</sup>**

Has the parent/child reported the child being wheezy over the past three days?

Yes ☐ No ☐

If the child has asthma, has the parent/child reported:

• use of oral steroids in the past 14 days?      Yes ☐ No ☐• an increase in inhaled steroids since consent form completed?      Yes ☐ No ☐

Child eligible for LAIV

Yes ☐ No ☐

If no, give details:

Date:

Time:

**Vaccine details**

Date:      Time:      Batch number:      Expiry date:

**Administered by**

Name, designation and signature:

Date:

<sup>1</sup> Asthmatic children 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. In this situation this vaccination will be delivered by your Practice Nurse

All personal data received about your son/daughter will be held securely, and only accessed by appropriate persons involved in your child's care. It will be processed in a manner that ensures appropriate security of personal data. The Trust has a detailed privacy notice which is available at [www.ehc.nhs.uk/privacy-notice](http://www.ehc.nhs.uk/privacy-notice)

The Trust is compliant with the NHS national information governance toolkit. Our most recent assessment is available at [www.igt.hscic.gov.uk/ReportsOrganisationChooser.aspx?tk=431594603293679&inv=3&cb=18ac67d8-886a-4be8-ab45-ca1ba18f5cc3&reptypeid=1](http://www.igt.hscic.gov.uk/ReportsOrganisationChooser.aspx?tk=431594603293679&inv=3&cb=18ac67d8-886a-4be8-ab45-ca1ba18f5cc3&reptypeid=1)

Your child's data will be processed solely to ensure that your child is offered their vaccination in line with the National Childhood Immunisation Programme. The data, and response received will form part of the child's health record. All data, therefore, will be retained, in accordance with the NHS records management code of practice, for children's records.

We have a statutory duty to report statistical vaccinations data, as a percentage of the population; your response will form part of that statistical data. We provide this information to Public Health England, there is no personal data involved in this return.