NHS
Kent Community Health
NHS Foundation Trust

Immunisation Service (0-19)
Norman House
Beaver Business Park
Beaver Road
Ashford
Kent
TN23 7SH

Phone: 0300 123 5205
Email:kchft.cyp-immunisationteam@nhs.net
Web: www.kentcht.nhs.uk

September 2018

Dear parent/carer

Vaccination in school for children in reception through to year five - your child's annual nasal flu vaccination is now due

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

Please complete the enclosed consent form (one for each child) and return to the school within one week of receiving this letter to make sure your child receives their vaccination.

The vaccination is a pain-free, 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.

Similar to many medicines this vaccine contains porcine gelatine. Please visit our website for further information and details about the small number of children for whom the nasal vaccine is not appropriate: **www.kentcht.nhs.uk/schoolflu**

Please note this vaccination programme ends in December 2018. If for any reason your child did not receive the vaccination in school please contact the Immunisation Service to arrange a community clinic appointment.

If you have any queries, or would like further information sent to you please contact the Immunisation Service on 0300 123 5205. 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

Sally Pullen
Acting Head of School-aged Immunisations

If your child becomes wheezy or has their asthma medication increased after you return the form, please contact the Immunisation Service on 0300 123 5205.

Children's intranasal flu vaccination Consent form 2018/19

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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:		GP Telephone:
		GP Address: Post Code:
		School Name:
Post Code:		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.			

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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

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