



**Mersey Care**  
NHS Foundation Trust

Community and Mental Health Services

Hartington Road Clinic  
Lesseps Road  
Liverpool  
L8 0SG  
0151 295 3833

July 2019

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 consent form** (one for each child) and return it in the attached envelope to the school **within five school days of receiving this letter**. This will 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. A leaflet explaining the vaccination programme is enclosed and includes details about the small number of children for whom the nasal vaccine is not appropriate.

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 0151 295 3833 or see here: [www.nhs.uk/child-flu](http://www.nhs.uk/child-flu) or <https://www.merseycare> then search vaccinations.

Yours sincerely,

Nikki Wilinski

Vaccination and Immunisation Team Leader

**If your child becomes wheezy or has their asthma medication increased after you return this form, please contact the Immunisation Team on 0151 295 3833. If you decide you do not want to vaccinate your child against flu, please return the consent form and provide the reason. This will help us plan and improve the service.**

Chairman Beatrice Fraenkel

Chief Executive Joe Rafferty

## Flu Immunisation Consent Form

Parent/Guardian to complete in black ink please

### Child's details

Surname:

First name:

Date of birth:

NHS number (if known):

Gender:  Girl  Boy

Home address:

Postcode:

Home telephone number:

Parent/Guardian mobile number:

School and class:

GP name and address:

Has your child been diagnosed with asthma?  Yes  No

If **Yes**, and your child is currently taking inhaled steroids (i.e. uses a preventer or regular inhaler), please enter the medication name and daily dose (e.g. *Budesonide 100 micrograms, four puffs per day*):

If **Yes**, and your child has taken steroid tablets because of their asthma in the past two weeks please give details:

**Please let the Vaccination & Immunisation Team know (contact details on covering letter) if your child has had his/her asthma medication increased after you have returned this form.**

#### **A note about Porcine Gelatine:**

'The gelatine used in Fluenz is a highly purified product used to stabilise this live viral vaccine. Very sensitive scientific tests have shown that the flu vaccine **does not** contain any detectable DNA from pigs. This analysis indicates that the gelatine is so degraded that the original source cannot be identified.' Public Health England 2014.

Has your child had a flu vaccination since Autumn/Winter last year?  Yes  No

Is your child currently having treatment that severely affects their immune system? (E.g. they are receiving treatment for Leukemia)  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? (Needing intensive hospital care)  Yes\*  No

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

\*If you answered **Yes** to any of the above, please give details:

**On the day of vaccination, please let the Immunisation Team know if your child has been wheezy in the past three days.**

**Consent for immunisation** (please tick YES or NO and return form for either decision)

**YES**, I give consent for my child to be immunised with the nasal flu vaccine

Signed..... Date

Print Name.....  
Mother/Father/Guardian

**NO**, I do not give consent for my child to be immunised with the nasal flu vaccine

Signed ..... Date

Print Name.....  
Mother/Father/Guardian

If 'No' please give reason(s) below:

**For office use only**

**Pre session triage assessment for Fluenz Tetra (RN at 1<sup>st</sup> triage)**

Child eligible for Fluenz (within DOB range, consent form signed, no contraindications)  Yes  No

Comments

Signature \_\_\_\_\_ Date: \_\_\_\_\_

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

Name: \_\_\_\_\_ Designation: \_\_\_\_\_ Signature: \_\_\_\_\_

**Vaccine Details (RN)**

Batch number: \_\_\_\_\_ Expiry date: \_\_\_\_\_ Supplied/Administered (circle as applicable)

Date: \_\_\_\_\_ Time: \_\_\_\_\_ School/Clinic (circle as applicable)

**Administration Supervisor (CSW) To be completed where supplied:**

Name: \_\_\_\_\_ Designation: \_\_\_\_\_ Signature: \_\_\_\_\_