



Mersey Care
NHS Foundation Trust

Community and Mental Health Services

Vaccination and Immunisation Team
Lifehouse
Summers Road
Brunswick Business Park
Liverpool
L3 4BL

September 2020

0151 295 3833

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 to school **by 18.09.2020**. 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.

While COVID-19 is in circulation, the healthcare team and school will follow guidelines to ensure children are safe when being offered the vaccine.

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

Yours sincerely,

Vaccination and Immunisation Team

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 giving the reason. This will help us plan and improve the service.

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

Intra Nasal Flu Vaccine Consent Form



Mersey Care
NHS Foundation Trust

Community and Mental Health Services

Child's full name (first name and surname):		
Home address and postcode:		
NHS Number (if known)	Date of Birth:	School Year:
School:	Daytime contact telephone number for parent/carer:	
GP name and address:	Ethnicity:	



Has your child been diagnosed with asthma?* Yes [] No []

Does your child have a disease or treatment that severely affects their immune system? (e.g. treatment for Leukaemia) 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 care) Yes [] No []

Does your child take any regular medication? Yes [] No []

If you answered **YES** to any of the above, please give details the immunisation service may contact you for further information. Please ensure you add a contact telephone number.

***Please inform the immunisation team if your child's asthma deteriorates and you have had to increase their medication after you have returned this form on 0151 295 3833**

NB. The nasal flu vaccine contains porcine gelatine. There is no suitable alternative flu vaccine available for otherwise healthy children. For more information go to www.gov.uk/government/news/vaccines-and-gelatine-phe-response

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.	NO , I do not give consent for my child to be immunised with the nasal flu vaccine.
Name	Name
Signature Parent/guardian	Signature Parent/guardian
Date	Date

If 'No' please give reason(s):

Thank you for completing this form. Please return it to the school as soon as possible.

FOR OFFICE USE ONLY. NURSE TO COMPLETE	Signature:
	Date:

Pre session triage for Fluenz Tetra

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

Comments:

***FOR OFFICE USE ONLY**

Has the parent/child reported the child being wheezy over the past three days? If Yes, give details:

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

Name:

Signature:

Vaccine Details (RN)

Batch number:	Expiry date:	Supplied/Administered (circle as applicable)	
Date:	Time:	School	Clinic

Administration Supervisor (CSW) To be completed where supplied:

Name:

Signature:

NB. Asthmatic children not eligible on the day of the session due to deterioration in their asthma control should be advised to attend their own GP and offered inactivate vaccine if their condition doesn't improve within 72 hours to avoid a delay in vaccinating this 'at risk' group.

Additional Information: