

# Flu Immunisation Consent Form

Parent / Guardian: please complete ALL sections on this page. Only complete

Child's full name: (first name and surname)		Date of Birth:
Home address:  Postcode:		Emergency contact number for parent or guardian:
Email:		Gender (please circle): <b>Male</b> <b>Female</b>
NHS Number (if known):		Ethnicity of child:
School:		Year Group:
Does your child have asylum seeker or refugee status? <i>We are asking this question to see if there are other vaccinations that have been missed.</i>		Yes / No

## CONSENT FOR IMMUNISATION (Please complete ONE box only)

The person with parental responsibility must sign this form – for more information, go to:  
<https://www.gov.uk/parental-rights-responsibilities/who-has-parental-responsibility>

**YES**, I want my child to receive the **NASAL** flu immunisation.

Parent / Guardian name:.....

Relationship to child:.....

Signature:.....

Date:.....



**YES**, I want my child to receive the **INJECTABLE** flu immunisation. (**PORCINE GELATINE FREE**)

Parent / Guardian name:.....

Relationship to child:.....

Signature:.....

Date:.....



**NO**, I do not want my child to receive ANY flu immunisation.

Parent / Guardian name:.....

Relationship to child: .....

Signature:.....

Date: .....

Reason for Refusal: .....

**NB: The nasal flu vaccine contains products derived from porcine gelatine. The injectable option does not.**

By signing the above, you agree to reading and understanding the information supplied.

**Please also answer the questions below – if you answer YES to any questions, please give details:**

1	Has your child had the flu vaccine since returning to school <b>THIS</b> September (2025)?	Yes / No
2	Does your child have a disease or treatment that severely affects their immune system (eg: leukemia)	Yes / No
3	Is anyone in your family currently having treatment that severely affects their immune system? (eg: they need to be kept in isolation)	Yes / No
4	Does your child have a <b>severe (anaphylactic)</b> egg allergy previously requiring admission to Intensive Care?	Yes / No
5	Has your child had a severe (anaphylactic) allergic reaction to a flu vaccine before?	Yes / No
6	Have you been told by your GP or consultant that your child has an allergy to the antibiotic Gentamicin?	Yes / No
7	Is your child receiving oral aspirin therapy (salicylate therapy)?	Yes / No
8	Does your child have a bleeding disorder?	Yes / No
9	Has your child had 2 doses of MMR vaccine?	Yes / No
10	Is your child asthmatic?	Yes / No
11	Does your child take ORAL regular steroids for asthma control? (this does not include inhalers) OR has your child been admitted into intensive care for their asthma control?	Yes / No

If you have answered yes to any of the above, please provide details here:

**FOR OFFICE USE ONLY**

**Influenza vaccine details – complete ONE only**

**ELIGIBILITY ASSESSMENT ON THE DAY OF VACCINATION:**

- Has the child been assessed as suitable for receiving LAIV today?      **YES / NO**
  
- If the child has asthma, has the parent / child reported:
  - Current use of steroids      **YES / NO**
  - An increase in bronchodilator use since consent form completed:      **YES / NO**

*Asthmatic children not eligible on the day of the session due to deterioration in their asthma control should be offered IM inactivated vaccine to avoid a delay in vaccinating this 'at risk' group.*

- If the child is not suitable to receive LAIV, has IM influenza vaccine been given today?      **YES / NO**
  
- **YES** – name of parent / guardian who has given consent for IM flu vaccine:

**Name:** .....

**Relationship to child:**.....

**Date / time contacted:**.....

**Child not immunised today because:**

High Temperature      ☐

Not well enough today      ☐

Refused none given      ☐

**Nurse assessors NAME and SIGNATURE:**

IMMUNISATION	BATCH	EXP DATE	SITE	GIVEN BY: PRINT NAME	SIGNATURE / DESIGNATION	TIME / DATE
live intra influenza vaccine  (Nasal)						
Inactivated influenza vaccine (IM)						

**Additional notes:**