

Child's First Name:		Child's Surname:	
Any other names previously known as:			Date of Birth:
Home Address:		Parent/ Carer's Home Telephone No.:	
Postcode:		Parent/ Carer's Mobile No.:	
School:	Year Group:	Parent/ Carer's Email:	
GP Name & Address:		NHS Number (if known):	
Has your child been diagnosed with asthma? Yes/ No (please circle)	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 enter the name, dose and length of course: Please let the immunisation team know if your child has to increase his or her asthma medication after you have returned this form or if your child has been wheezy in the three days prior to the immunisation date.			
Has your child had a flu vaccination since September 2018?		Yes/ No (please circle)	
Does your child have a disease or treatment that severely affects their immune system? (e.g. treatment for leukaemia) Yes/ No (please circle)	Is your child in close contact with anyone currently having treatment that severely affects their immune system? (e.g. they need to be kept in isolation) Yes/ No (please circle)		
If yes please give details:	If yes please give details:		
Is your child receiving salicylate therapy? (i.e. aspirin) Yes/ No (please circle) If yes please give details:			
Does your child have any allergies, in particular severe allergic reaction to egg or egg proteins? Yes/ No (please circle) If yes please give details:			
NB. The nasal flu vaccine contains products derived from pigs (porcine gelatine). There is no suitable alternative flu vaccine available for otherwise healthy children. More information for parents is available from www.nhs.uk/child-flu			

The information you provide to us (Kernow Health CIC) about your child will be used to ensure that we have all the necessary information in order to provide the immunisation to your child safely. We are required to share the information with your GP to ensure that your child's health records are updated, and any information provided will be kept safe and secure and will only be used for this purpose. Should you wish to know more about how your child's information will be used please contact the office on 01872 221102.

CONSENT		REFUSAL	
I DO consent for the child named above to receive the nasal flu vaccination.		I DO NOT give consent for the child named above to receive the nasal flu vaccine – Please give reason on reverse	
Name of Parent/ Carer:		Name of Parent/ Carer:	
Relationship:		Relationship:	
Signature:		Signature:	
Date:		Date:	

PLEASE DO NOT SCAN OR PHOTOCOPY THIS FORM ONCE COMPLETED
Once completed, please return this form to School as soon as possible. Thank you.

Reason for not giving consent:

For official use only:

<p>Triage Assessment for live attenuated influenza vaccine LAIV</p> <p>Child eligible for LAIV: Yes/ No (please circle)</p> <p>If no, give details:</p>	<p>One the day Assessment</p> <p>Has the parent/child reported the child being wheezy over the past three days?</p> <p>Yes/ No (please circle)</p> <p>Comments:</p>
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Nurse checklist on the day	
<p>Vaccination information given & explained</p> <p>Yes/ No</p> <p>Details:</p>	<p>General Health:</p> <hr/> <p>Medication including antibiotics:</p>
Print & Sign:	

Date of Fluenz Tetra Immunisation & Time Given	Batch No.	Expiry Date	Dosage	Assessment & Administered by:	Patient Information Leaflet given:
			0.2ml via nasal spray		
Immunisation administered via PGD					

Date & Time	Notes/ Comments – include whether telephone call/ face to face contact/ advice given, including advice if excluded or declined immunisation/ other and where contact took place (if relevant). Details of any adverse drug reactions and actions taken.	Print/ Signature