

**Rotherham Doncaster
and South Humber**

NHS Foundation Trust

Children's Care Group

Vaccination & Immunisation Team

IMAST

Tickhill Road Site

Tickhill Road

Balby, Doncaster

DN4 8QN

Single Point of Contact (SPOC) Tel: 03000 218997

Year 7 & 8 and 9 - early Jan 23

Year 10 and 11 to be confirmed

September 2022

Dear Parent/Guardian,

This year once Primary school children have been vaccinated we have been asked to commence the programme in secondary schools to some additional year groups.

This vaccination programme is in place 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 friends and family by preventing the spread of flu.

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

Please complete the enclosed consent form (one for each child) and return to the school no later than one week before the vaccinations are due to be given to ensure your child receives their flu spray. This date can be obtained from your child's teacher or is displayed in your child's classroom. If you decide you do not want to vaccinate your child against flu, please return the consent form giving the reason.

There are limited opportunities for your child to receive their vaccination in school. If they miss the main vaccination session, we have organised a clinic session outside of school that you can attend. Please see overleaf for timetable.

If your child becomes wheezy, has their asthma medication increased or is given the vaccine elsewhere after you return this form, please contact the Vaccination Team on **03000 211841** or **03000 211840** and let us know. Please be aware that your child will be handed their consent form prior to vaccination to correctly identify them to the nurse and to enable the nurse to assess your child's health prior to vaccination.

PLEASE NOTE: As we are unable to give assurances that messages given to school staff will always be forwarded to the team prior to your child's vaccination, we **strongly** advise that you inform us directly of any changes that you feel may affect your child having the vaccination **on the day**. Please ensure that you contact us before 9:00am on the morning of the session by telephoning **03000 211841** or **03000 211840**. If you do not let the team know directly we cannot be held responsible if your child still receives their vaccination. Please also let us know if you have submitted a consent form and then take your child to the GP for vaccination.

Yours Sincerely,

The Vaccination Team



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Leading the way with care

Flu immunisation consent form

Please complete in black or blue ink.

Important information: The influenza vaccine is being offered to your child and is to be given at their school.

Please ensure that you read the accompanying information before completing the form.

Student Details		
First name:	Last name:	
Date of birth:	Doctor's Surgery:	
School:	Year group:	Gender: Boy <input type="checkbox"/> Girl <input type="checkbox"/>
Home address:	Contact phone numbers:	
Has your child had a flu vaccination in the last four months? Yes* <input type="checkbox"/> No <input type="checkbox"/>		
Does your child have any medical conditions? Yes* <input type="checkbox"/> No <input type="checkbox"/>		
Is your child currently having treatment that severely affects their immune system (e.g. they are receiving treatment for leukaemia)? Yes* <input type="checkbox"/> No <input type="checkbox"/>		
Is anyone in your family currently having treatment that severely affects their immune system (e.g. they need to be kept in isolation)? Yes* <input type="checkbox"/> No <input type="checkbox"/>		
Has your child ever been admitted to hospital due to a severe allergic reaction to eggs? Yes* <input type="checkbox"/> No <input type="checkbox"/>		
Is your child receiving salicylate therapy (e.g. aspirin)? Yes* <input type="checkbox"/> No <input type="checkbox"/>		
If you answered Yes* to any of the above, please give details (e.g. condition, treatment or medication):		
Has your child been <u>diagnosed</u> with asthma? Please give details of medication below. Yes <input type="checkbox"/> No <input type="checkbox"/>		
Has your child taken oral steroids in the last 2 weeks? Yes <input type="checkbox"/> No <input type="checkbox"/>		
Has your child ever been in intensive care as a result of their asthma? Yes <input type="checkbox"/> No <input type="checkbox"/>		
Asthma medication / inhaler	Dose	How often
<p>NB. The nasal flu vaccine contains products derived from pigs (porcine gelatine). Please indicate on this form if due to the porcine content you would prefer your child to have the injectable vaccine.</p>		
Consent for immunisation (please tick Yes or No)		
<input type="checkbox"/> YES , I consent for my child to receive the flu immunisation.	<input type="checkbox"/> NO , I DO NOT consent to my child receiving the flu immunisation.	
If 'NO' please give reason(s) here:		
Signature of the parent /guardian with parental responsibility:		Date DD/MM/YYYY

Flu immunisation consent form

FOR OFFICE USE ONLY

<p>Pre sessions eligibility assessment for live attenuated influenza vaccine LAIV. Assessed against guidelines.</p> <p>Child eligible for LAIV: Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Child eligible for injection : Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>If no, give details:</p> <p>Additional information:</p> <p>Assessment completed by Name, designation and signature:</p> <p>Date:</p>	<p>Eligibility assessment on day of vaccination¹</p> <p>Has the parent/child reported the child being wheezy over the past three days? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <hr/> <p>If the child has asthma, has the parent/child reported:</p> <ul style="list-style-type: none"> • use of oral steroids in the past 14 days? Yes <input type="checkbox"/> No <input type="checkbox"/> • an increase in inhaled steroids since consent form completed? Yes <input type="checkbox"/> No <input type="checkbox"/> <hr/> <p>Child assessed as eligible for LAIV: Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>LAIV supplied for administration by HCSW: Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Reason if not eligible:</p> <p style="padding-left: 40px;">Not well enough <input type="checkbox"/></p> <p style="padding-left: 40px;">Refused <input type="checkbox"/></p> <p style="padding-left: 40px;">Absent <input type="checkbox"/></p> <p style="padding-left: 40px;">Unable to triage <input type="checkbox"/></p> <p style="padding-left: 40px;">Other <input type="checkbox"/></p> <p>Assessment completed by Name, designation and signature:</p> <p>Date:</p>
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Nurse's comments:

Vaccine details	Fluenz Tetra <input type="checkbox"/>	Flucelvax <input type="checkbox"/>	Vaccine administered under PGD
Date:	Time:	Batch number:	Expiry date:
Administered by Name, designation and signature:			
Date:			

¹ Asthmatic children not eligible on the day of the session due to deterioration in their asthma control should be offered inactivated vaccine.