

**This consent form is for the influenza injection. It does not contain porcine products.**

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

|                                                |  |                                                                        |
|------------------------------------------------|--|------------------------------------------------------------------------|
| Child's full name:<br>(first name and surname) |  | Date of Birth:                                                         |
| Home address:<br><br>Postcode:                 |  | Emergency contact number for parent or guardian:                       |
| Email:                                         |  | Gender of child ( <i>please circle</i> ):<br><b>Male</b> <b>Female</b> |
| NHS Number ( <i>if known</i> ):                |  | Ethnicity of child:                                                    |
| GP name and address:                           |  | GP telephone number:                                                   |
| School:                                        |  | Year Group/Class:                                                      |

## 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>

|                                                                                                                                                                                                                |                                                                                                                                                                                                                                                             |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <p><i>I have read and understood the leaflet supplied</i></p> <p><b>YES</b>, I want my child to receive the flu immunisation.</p> <p>Parent / Guardian name:.....</p> <p>Signature:.....</p> <p>Date:.....</p> | <p><i>I have read and understood the leaflet supplied</i></p> <p><b>NO, I DO NOT</b> want my child to receive the flu immunisation.</p> <p>Parent / Guardian name:.....</p> <p>Signature:.....</p> <p>Date:.....</p> <p><b>Reason for refusal:</b>.....</p> |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

|                                                                                                          |                                                                                                     |          |
|----------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------|----------|
| <b>Please also answer the questions below – if you answer YES to any questions, please give details:</b> |                                                                                                     |          |
| 1.                                                                                                       | Has your child had the flu vaccine in the past <b>3 months</b> ?                                    | Yes / No |
| 2.                                                                                                       | Did your child receive the flu vaccine <b>last</b> winter?                                          | Yes / No |
| 3.                                                                                                       | Is your child allergic to the medicine Neomycin or Gentamicin?                                      | Yes / No |
| 4.                                                                                                       | Does your child have a <b>severe</b> egg allergy (needing hospital care)?                           | Yes / No |
| 5.                                                                                                       | Has your child had a <b>severe (anaphylactic)</b> allergic reaction to any previous vaccines given? | Yes / No |
| <p><i>If you answered yes to any of the above please provide details here:</i></p><br><br><br>           |                                                                                                     |          |

**FOR OFFICE USE ONLY**

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

**Child not immunised today because:**

High Temperature     

Not well enough today     

Refused none given            Child Refused     

**Nurse assessors NAME and SIGNATURE:**

**Inactivated intramuscular influenza vaccine details:**

| IMMUNISATION                             | SITE   | BATCH | EXP DATE | GIVEN BY:<br>PRINT NAME | SIGNATURE /<br>DESIGNATION | TIME / DATE |
|------------------------------------------|--------|-------|----------|-------------------------|----------------------------|-------------|
| <b>Inactivated<br/>Influenza Vaccine</b> | L) arm |       |          |                         |                            |             |
|                                          | R) arm |       |          |                         |                            |             |

***Additional notes:***