

# Flu immunisation consent form

For primary and secondary school pupils

To be completed by parent/carer for

Name: \_\_\_\_\_

**Check all details are correct.**

Gender: \_\_\_\_\_

Home address: \_\_\_\_\_

School: \_\_\_\_\_

School no: \_\_\_\_\_

Class yr: \_\_\_\_\_ Class reg: \_\_\_\_\_

GP practice name: \_\_\_\_\_

**Please check the information above and enter amendments below, if appropriate. If your address has changed, please inform your GP.**

Change of name/known as: \_\_\_\_\_

Change of school: \_\_\_\_\_

**Secondary school pupils signature only here.**

Change of home address: \_\_\_\_\_

Postcode: \_\_\_\_\_

**Complete this consent form, sign and return to school even if you do not want your child to be immunised.**

Secondary school pupils may be immunised after giving their own consent following discussion with the vaccinator.

If you need help completing this consent form, visit [www.nhsinform.scot/immunisation](http://www.nhsinform.scot/immunisation) or call 0800 030 8013.

**Tick the YES box if you want your child to have the flu vaccine.**

**or**  
**Tick the NO box if you do not want your child to have the flu vaccine.**

**This consent section must be completed by parent/carer (tick box)**

I consent to my child being immunised against flu.

If yes, **complete questions 1 and 2.**

Yes  No

**This consent section may be completed by secondary school pupil**

**Secondary school pupils may give their own consent here.**

I give my consent Yes  No

**If consenting, you must answer all of the following questions.**

See leaflet for further information.

1. Has your child ever been admitted to hospital in an **emergency** for:

- Egg allergy?
- Severe asthma?

**If you have ticked YES to consent, you MUST answer all of these questions. You must also indicate any other health condition your child has or regular medication your child is taking in the space provided under question 2.**

2. Please indicate any other health condition your child has or regular medication your child is taking below. **If left blank, it will be assumed your child has no medical condition and is not taking any regular medication:**

**You must put your name, phone number and signature here.**

Parent/carer name (please print) \_\_\_\_\_

Daytime telephone number \_\_\_\_\_

Parent/carer signature \_\_\_\_\_ Date \_\_\_\_\_

Secondary school pupil signature \_\_\_\_\_ Date \_\_\_\_\_

**Please tick this box ONLY if you want your child to receive the injection for religious reasons.**

The flu vaccine will be given as a nasal spray for protection. Religious groups have approved the use of the vaccine. **For religious reasons only, I wish my child to receive this vaccine by injection in the arm (tick box).**

**If your child has asthma, please turn over.**

**Version No:**

**For notes section, please turn over**

At XX/XX/XXXX our records

**You do not need to complete any details in the grey section of this form. This section will be completed by the school health team.**

Courses Given/Batch No	No.	Date Given

## For children with asthma only

You must contact your school immunisation team (contact details in letter) if your child's asthma worsens within the 3 days before the vaccination session in school, with either:

- increased wheezing
- increased inhaler use
- use of oral (by mouth) steroids.

**You MUST call the school immunisation team on the number in the enclosed letter if any of these apply to your child.**

## For office use only

Date Given	Batch no.	Site	Name	Designation	Signature
		Intranasal L arm / R arm			

## For office use only – notes

**You do not need to complete any details in the grey section of this form. This section will be completed by the school health team.**

### Notes

To the parent/carer of:

Name: \_\_\_\_\_

DOB/CHI: \_\_\_\_\_

School: \_\_\_\_\_

Class year: \_\_\_\_\_ Class reg: \_\_\_\_\_

1. Your child was immunised against flu on: \_\_\_\_\_

Nasal spray  Injection

2. Your child was not immunised because:

Absent  Form incomplete  
 Consent not given  Parental consent given, pupil refused  Other

**Version No:**