



Richmond and Kingston School Age Immunisation Team  
Centre House  
68 Sheen Lane  
SW14 8LP  
September 2019

Dear Parent/Guardian,

**Your child's annual flu vaccination is now due**

From October 2019 all children in reception class and years 1, 2, 3, 4, 5 and 6 will be offered the flu vaccination through a nasal spray.

The vaccine offered is given as a simple spray up the nose. It is painless, very quick, and serious side effects are uncommon. This vaccination programme is designed to protect your child against flu which can be an unpleasant illness and, although rarely, sometimes cause serious complications. By having the flu vaccination, children are also less likely to pass the virus on to friends and family. This will help to protect those who are at greater risk from flu including infants, older people and those with an underlying health condition. The flu vaccine provides protection against the strains that are predicted to circulate in the coming season. These strains may change from year to year which is why we recommend vaccination every year.

For full information on the nasal flu vaccine <https://www.medicines.org.uk/emc/files/pil.3296.pdf> or leaflet explaining the programme can be collected via the school or [www.nhs.uk/vaccinations](http://www.nhs.uk/vaccinations)

We have a short animation on you tube explaining why children are invited to have the vaccine in school – HRCH childhood immunisations-nasal flu spray <https://youtu.be/pVyz1wWS1hk>

Please complete the enclosed consent form (one for each child, please) and return it to the school ASAP, so your child can be given the vaccine. Please note if the consent form is returned after school vaccination your child may not be able to have the vaccine.

**If your child becomes wheezy or has their asthma medications increased just before or on the day of the vaccination session, please inform the school, so they can inform the immunisation team.**

You can also contact a member of the relevant immunisation team via email below.  
Richmond school – [HRCH.ImmunisationTeamMailbox@nhs.net](mailto:HRCH.ImmunisationTeamMailbox@nhs.net) Tel - 0203 691 1042  
Kingston School – [HRCH.ImmunisationTeamKingstonMailbox@nhs.net](mailto:HRCH.ImmunisationTeamKingstonMailbox@nhs.net) Tel 0203 691 1027

Yours sincerely

Heidi Nielsen – Immunisation Lead Richmond & Kingston

**\*Please remember to return the consent form even if you DO NOT consent to the vaccination for your child, explaining the reason for your decision.  
This will help us to develop the flu vaccination programme in the future.**

# Flu immunisation consent form

Parent/guardian to complete

Student details		
Surname:		First name:
Date of birth:	Gender: <b>Girl</b> <input type="checkbox"/> <b>Boy</b> <input type="checkbox"/>	School and class:
NHS number (if known):	Home telephone:	GP name and address:
Home address:	Parent/guardian mobile:	
Post code:		
Has your child been diagnosed with asthma? <b>Yes</b> <input type="checkbox"/> <b>No</b> <input type="checkbox"/>		Has your child already had any vaccinations in the last 6 months? <b>Yes*</b> <input type="checkbox"/> <b>No</b> <input type="checkbox"/>
<b>If Yes,</b> Has your child taken steroid tablets because of their asthma within the past two weeks? <b>Yes*</b> <input type="checkbox"/> <b>No</b> <input type="checkbox"/>		Does your child have a disease or treatment that severely affects their immune system? (e.g. treatment for leukaemia) <b>Yes*</b> <input type="checkbox"/> <b>No</b> <input type="checkbox"/>
Has your child ever been admitted to intensive care because of their asthma? <b>Yes*</b> <input type="checkbox"/> <b>No</b> <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) <b>Yes*</b> <input type="checkbox"/> <b>No</b> <input type="checkbox"/>
<b>Please let the immunisation team know if your child has to increase his or her asthma medication after you have returned this form.</b>		Does your child have a severe egg allergy? (requiring intensive care unit admission) <b>Yes*</b> <input type="checkbox"/> <b>No</b> <input type="checkbox"/>
		Is your child receiving salicylate therapy? (i.e. aspirin) <b>Yes*</b> <input type="checkbox"/> <b>No</b> <input type="checkbox"/>
		*If you answered <b>Yes</b> to any of the above, please give details:  <b>On the day of vaccination, please let the immunisation team know if your child has been wheezy or had a bad asthma attack in the past three days.</b>
The nasal flu vaccine contains products derived from pigs (porcine gelatine). If the vaccine is refused due to this content, only children who are at high risk from flu due to a medical condition will be offered an alternative injected vaccine. More information is available from <a href="http://www.nhs.uk/child-flu-FAQ">www.nhs.uk/child-flu-FAQ</a>		
Consent for immunisation (please tick YES or NO)		
<input type="checkbox"/> <b>YES</b> , I consent for my child to receive the flu immunisation.		<input type="checkbox"/> <b>NO</b> , I DO NOT consent to my child receiving the flu immunisation.
If 'NO' please give reason(s) below:		
Signature of parent/guardian (with parental responsibility):		Date DD/MM/YYYY

# Flu immunisation consent form

**FOR OFFICE USE ONLY**

Date of vaccine	Batch Number & Expiry Date	Assessment completed Print & Sign	Vaccine administered by Print & Sign	Where administered
				School <input type="checkbox"/> Catch up in school <input type="checkbox"/> Catch up clinic <input type="checkbox"/>

<sup>1</sup>Asthmatic children not eligible on the day of the session due to deterioration in their asthma control should be offered inactivated vaccine if their condition doesn't improve within 72 hrs to avoid a delay in vaccinating this 'at risk' group.