

School Health Service Immunisation Team

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September 2019

To parents of Children in a Lewisham Primary School

Dear Parent or Guardian

Flu vaccination for all children in Primary School

From October 2019 all children in primary school will be offered flu vaccination through a nasal spray. This extension of the national flu immunisation programme to children is based on the advice of independent experts.

Your child will be offered a flu vaccine that 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.

A leaflet explaining the programme is enclosed and includes details about the small number of children for whom the nasal vaccine is not appropriate.

Parents/carers are not required to be present in school during their child's immunisation.

Please complete the enclosed consent form (one for each child, please) and return it to the school as soon as possible, so your child can be given the vaccine. Please note if the consent form is returned after this date your child may not be able to have the vaccine. You should inform the nurses on the day of the vaccine before if your child has been wheezy or there is any change in their asthma medication.

Please contact the Lewisham School Health Immunisation Team at the Downham Health and Leisure centre on 0203 049 1897 if you require any further assistance.

We look forward to receiving your child's forms. 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 in the development of the flu vaccination programme in the future.

Yours faithfully,

Zipora Govere

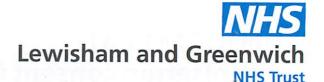
School Health Service Lead Lewisham and Greenwich NHS Trust

Childhood Flu Immunisation consent form



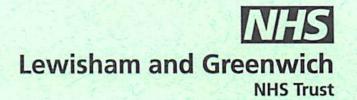
Parent / guardian to complete											
Child Surname:		First name:			D.O.B:						
Home Address:			School:								
Postcode:	ostcode: Telephone:		Class:			Gender:					
Name of GP & Address:											
				Yes No If yes, please give details							
Has your child ever had a flu vaccine before?						production of the second					
Has your child already had a flu vaccine since September 2019?											
Does your child suffer from any long-standing medical condition?											
Has your child been diagnosed with asthma? Please let the school nurse know if your child has their asthma medication increased or starts steroid tablets after you have returned this form.					Please enter below	ur child use a regular / preventer inhaler? nter below the name and daily dose (e.g. ide 100 micrograms four puffs per day)					
Has your child ever had a bad reaction to any immunisation? (for example which vaccine and when)											
Is your child currently having treatment that severely affects their immune system? (for example treatment for leukaemia)											
Is anyone in your family currently having treatment that severely affects their immune system? (for example they need to be kept in isolation)											
Does your child have a severe egg allergy (that has needed hospital care)?											
Is your child receiving salicylate (i.e. aspirin)											
Consent for Influenza Immunisation (Please complete ONE box ONLY)											
YES, I CONSENT for (name of child)		NO, I DO NOT CONSENT for (name of child)									
to receive the Influenza vaccine. I confirm that I have parental responsibility for this child.		to receive the Influenza vaccine. I confirm that I have parental responsibility for this child.									
Name:		Name:									
Signature:		Signature:									
Parent Guardian Date:				Parent	Guardian	Date:					
If after discussion, you and your child decide that you do NOT want him/her to have the vaccine, it would be helpful if you would give											

For office use only



Proforma for supplying intranasal influenza immunisation

Pre session eligib	ility assessment for intra	nasal flu vac	cine			Yes	No					
1. Consent signed												
2. Child eligible to receive intranasal influenza vaccine												
If no, state reason: Previous anaphylaxis to flu vaccine Severe asthma Severe anaphylaxis to egg Immunosuppression (child) Received vaccine already this year Immunosuppression (contact) Other:												
If contraindicated and in clinical 'at-risk' group, refer to GP for immunisation.												
Any additional information:												
Assessment comp	leted by:											
Print name:		Signature:			Date:							
						(T)						
Pre session eligib	ility assessment for intra	nasal flu vac	cine			Yes	No					
1. Child currently pyrexial (defer)												
2. Has the parent / child reported the child being wheezy in the last 3 days?												
3. If the child has asthma, has the parent / child reported:												
• Use of oral steroids in the past 14 days?												
An increase in inhaled steroids since consent form completed?												
4. Patient has heavy nasal congestion (postpone until recovered)												
Child eligible to receive intranasal influenza vaccine (If No to Questions 1-4)												
Assessment completed by:												
Print name:	name: Signature: Date:				Date:	700 0						
							9),97/					
Vaccine Details												
Date of vaccination:			Time of vaccination:									
Batch Number:	pid Prade		Expiry Date:		an white							
Supplied by (print name):			Signature:									



A person is said to have

Parental Responsibility



If she is the mother of the child.



If the father:

- Is married to the mother at the time of the child's birth or later.
- Jointly registers the birth of the child with the mother (for children born after 1 December 2003) i.e. is named as the father on the child's birth certificate.
- Has obtained a Parental Responsibility Agreement in the courts or a Parental Responsibility Order is granted by the court.



If they are the adoptive parent of the child.



If granted by Court Order – appointed guardian, person appointed by parent with parental responsibility in the event of their death.



If a person has a Residence Order granted by the Court.