



Lewisham and Greenwich
NHS Trust

School Health Service Immunisation Team

Downham Health Centre
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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



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Parent / guardian to complete			
Child Surname:		First name:	
		D.O.B:	
Home Address:		School:	
Postcode:	Telephone:	Class:	Gender:
Name of GP & Address:			

	Yes	No	If yes, please give details
Has your child ever had a flu vaccine before?	<input type="checkbox"/>	<input type="checkbox"/>	
Has your child already had a flu vaccine since September 2019?	<input type="checkbox"/>	<input type="checkbox"/>	
Does your child suffer from any long-standing medical condition?	<input type="checkbox"/>	<input type="checkbox"/>	
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.	<input type="checkbox"/>	<input type="checkbox"/>	Does your child use a regular / preventer inhaler? Please enter below the name and daily dose (e.g. Budesonide 100 micrograms four puffs per day)
Has your child ever had a bad reaction to any immunisation? (for example which vaccine and when)	<input type="checkbox"/>	<input type="checkbox"/>	
Is your child currently having treatment that severely affects their immune system? (for example treatment for leukaemia)	<input type="checkbox"/>	<input type="checkbox"/>	
Is anyone in your family currently having treatment that severely affects their immune system? (for example they need to be kept in isolation)	<input type="checkbox"/>	<input type="checkbox"/>	
Does your child have a severe egg allergy (that has needed hospital care)?	<input type="checkbox"/>	<input type="checkbox"/>	
Is your child receiving salicylate therapy? (i.e. aspirin)	<input type="checkbox"/>	<input type="checkbox"/>	

Consent for Influenza Immunisation (Please complete ONE box ONLY)

YES, I CONSENT for (name of child)	
to receive the Influenza vaccine. I confirm that I have parental responsibility for this child.	
Name:	
Signature:	
<input type="checkbox"/> Parent <input type="checkbox"/> Guardian	Date:

NO, I DO NOT CONSENT for (name of child)	
to receive the Influenza vaccine. I confirm that I have parental responsibility for this child.	
Name:	
Signature:	
<input type="checkbox"/> Parent <input type="checkbox"/> 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 the reason for this here:
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Thank you for completing this form. Please return it to the school as soon as possible.

Proforma for supplying intranasal influenza immunisation

Pre session eligibility assessment for intranasal flu vaccine		Yes	No
1. Consent signed		<input type="checkbox"/>	<input type="checkbox"/>
2. Child eligible to receive intranasal influenza vaccine		<input type="checkbox"/>	<input type="checkbox"/>
If no, state reason: <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> Previous anaphylaxis to flu vaccine <input type="checkbox"/> Severe anaphylaxis to egg <input type="checkbox"/> Immunosuppression (child) <input type="checkbox"/> Immunosuppression (contact) </div> <div> <input type="checkbox"/> Severe asthma <input type="checkbox"/> Salicylate therapy <input type="checkbox"/> Received vaccine already this year <input type="checkbox"/> Other: </div> </div>			
If contraindicated and in clinical 'at-risk' group, refer to GP for immunisation.			
Any additional information:			
Assessment completed by:			
Print name:	Signature:	Date:	

Pre session eligibility assessment for intranasal flu vaccine		Yes	No
1. Child currently pyrexial (defer)		<input type="checkbox"/>	<input type="checkbox"/>
2. Has the parent / child reported the child being wheezy in the last 3 days?		<input type="checkbox"/>	<input type="checkbox"/>
3. If the child has asthma, has the parent / child reported:		<input type="checkbox"/>	<input type="checkbox"/>
• Use of oral steroids in the past 14 days?		<input type="checkbox"/>	<input type="checkbox"/>
• An increase in inhaled steroids since consent form completed?		<input type="checkbox"/>	<input type="checkbox"/>
4. Patient has heavy nasal congestion (postpone until recovered)		<input type="checkbox"/>	<input type="checkbox"/>
Child eligible to receive intranasal influenza vaccine (If No to Questions 1-4)		<input type="checkbox"/>	<input type="checkbox"/>
Assessment completed by:			
Print name:	Signature:	Date:	

Vaccine Details			
Date of vaccination:		Time of vaccination:	
Batch Number:		Expiry Date:	
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.