



# Flu Immunisation Consent Form

Please complete in black ink and return to your child's school

# YES

**YES**, I consent for my child to receive the Flu immunisation.

**Signature of parent/guardian (with parental responsibility):**

Date:

### Child's details

Child's Surname:	Date of Birth:
First Name:	NHS Number (if known):
Gender: Male/Female:	School and year group from September:
Home Address:	GP name and address:
Postcode:	
Home Telephone Number:	I am happy for someone to contact me to find out what I thought of the service?
Parent/Guardian Mobile:	

### Important information about this immunisation

Has your child been diagnosed with Asthma? If <b>YES</b> , have they been to hospital or taken steroid tablets because of their asthma in the past 3 months? (please give details):	<input type="checkbox"/> No <input type="checkbox"/> Yes
Does your child have any long standing medical conditions?	<input type="checkbox"/> No <input type="checkbox"/> Yes*
Is your child currently having treatment that severely affects their immune system (for example they are receiving treatment for leukaemia)?	<input type="checkbox"/> No <input type="checkbox"/> Yes*
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"/> No <input type="checkbox"/> Yes*
Has your child ever had a serious allergic reaction to vaccinations? (especially eggs)?	<input type="checkbox"/> No <input type="checkbox"/> Yes*

\*If you answered **YES** to any of the questions above, please give details overleaf

Date of vaccination	Nasal	I/M Injection		Batch number/ expiry date	Immuniser (please print)	Where administered (school, college, GP etc)
		L	R			



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# NO

**NO**, I DO NOT consent for my child to receive the Flu immunisation.

**Signature of parent/guardian (with parental responsibility):**

Date:

### Child's details

Child's Surname:	Date of Birth:
First Name:	NHS Number (if known):
Gender: Male/Female:	School and year group from September:
Home Address:	GP name and address:
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