

Flu Nasal (LIAV) or alternative non porcine vaccine Immunisation Consent Form

Flu can be very unpleasant illness causing fever, stuffy nose, dry cough, sore throat, aching muscles and joints, and extreme tiredness. This can last several days or more. Having the flu vaccine will help protect your child from what can be a very nasty illness and will reduce the chance of others in your family, who could be at greater risk from flu, such as grandparents or those with long term health conditions. For further information go to <http://www.nhs.uk/vaccinations>. The nasal spray is more effective against flu, but if for personal reasons you wish the non-porcine alternative (no Pork) you can choose this.

Child's Name	
Surname:	First Name:
Date of Birth:	GP Practice:
Gender:	NHS Number (if known):
School Name:	Year Group:
Home Address:	Contact Phone Number:
	Home:
	Mobile:

Important information about this immunisation which is given as a nasal spray. Please complete and delete as appropriate.	Delete as appropriate
1. Has your child already had a flu vaccination since September 2023?	YES/NO
2. Does your child have a disease or treatment that severely affects their immune system?	YES/NO
3. Is anyone in your family currently having treatment that severely affects their immune system?	YES/NO
4. Does your child have a severe egg allergy?	YES/NO
5. Is your child receiving salicylate therapy?	YES/NO
6. Has your child been diagnosed with asthma?	YES/NO
7. Has your child taken steroid tablets because of their asthma within the last two weeks?	YES/NO
8. Has your child ever been admitted to intensive care because of their asthma?	YES/NO
Any other information:	

Consent for Immunisation for my son/daughter to receive the flu nasal spray

<input type="checkbox"/> I want my child to receive the flu nasal spray OR <input type="checkbox"/> I want my child to receive the non-porcine (non-pork) flu injection Name: Signature: Parent/Guardian Date:	<input type="checkbox"/> I DO NOT want my child to receive the flu vaccine Name: Signature: Parent/Guardian Date:
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