

Beechtree Flu Immunisation Consent Form



If a child is been brought into the surgery for their flu vaccination by someone other than their Parent or legal guardian, this consent form will need to be filled in by the parent or guardian, naming the person who will be bringing the child for their immunisation.

Patients Name:

Gender: Girl / Boy

Date of birth:

Home Tel No:

NHS number (if known)

Parents mobile number:

Home address:

Name of person bringing your child for flu immunisation:

Relationship to the child:

Please tick relevant box

Does your child have a severe egg allergy (needing intensive care)? YES NO

Does your child have any allergies to gelatine/gentamycin? YES NO

Does your child have severe asthma which has required intensive care or who has regular oral steroids or been prescribed oral steroids in the last 14 days? YES NO

Is your child receiving salicylate therapy? (i.e. aspirin) YES NO

Does your child have a disease or treatment that severely affects their immune system? YES NO

Is anyone in your family currently having treatment that severely affects their immune system?(e.g. they need to be kept in isolation) YES NO

Conditions when Nasal flu vaccination should be postponed- please rearrange the date when your child is well. Please contact the surgery for advice if you are unsure

Has your child been diagnosed with asthma and had active wheezing in the 72 hours prior to vaccination date? YES NO

Has your child received influenza antivirals in the 48 hours prior to vaccination date? YES NO

Has your child had a raised temperature and been unwell or had heavy nasal congestion (runny nose) in the 48hours prior to the vaccination date YES NO

Consent for immunisation (please tick)

YES I consent for my child to receive the flu immunisation, I can confirm I have parental responsibility

Print name:

Signature or parent/guardian:

Date:
