

The Flu

This booklet will tell you what to expect from your flu vaccination



Consent form

- You will be given your consent form

It will look like this



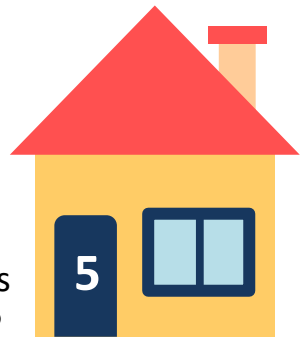
INFLUENZA VACCINATION CONSENT FORM 2020 / 2021				
PLEASE COMPLETE USING BLOCK CAPITALS IN BLACK INK				
<p>Before completing, please read the FAQ's attached to this form. Please ensure ALL boxes marked (*) below are complete. any missing information may result in your child not being vaccinated on the day of the school session.</p>				
Legal SURNAME:*	Legal Forename:*	Date of Birth:*	Male <input type="checkbox"/> Female <input type="checkbox"/>	
Name known as, if different:		Ethnicity:		
Contact Telephone Number(s) for Parent(s) / Guardian(s)* <small>We may use this number call or send a text regarding this vaccination.</small>		Home Address: *		
GP Surgery Name & Town:*		Postcode:*		
School:*		Year Group:*		
		Class Name:		
<p>Please complete ALL questions below by ticking either YES or NO</p>			YES	NO
Does the above named child have any severe allergies to egg, gentamicin or previous flu vaccination?*				
Is the above named child immunocompromised? E.g. undergoing treatment for Leukemia or in isolation. *				
Are any household members in isolation due to being immunocompromised? E.g. chemotherapy, bone marrow transplant. If so, avoid close contact with them for 2 weeks.				
I consent to the above named child's Digital Health (e.g. GP) Record being available to be viewed by SCFT staff involved in their care				
List ALL medication or inhalers taken by your child below.				
Medication	Dose	Additional Information		
<p>Consent for Influenza Vaccination Programme (please complete one box only) *</p>				
<p>YES, I CONSENT for the above named child to receive the influenza vaccine. By signing this form I confirm the following statements: I have parental responsibility for the above named child. I have read and understood the information given to me about the influenza nasal vaccine. I understand that this information will be held in the above named child's health record and shared with their GP.</p>			<p>NO, I DO NOT CONSENT for the above named child to have the influenza vaccine. Please tick reason for declining below and return form to the school.</p>	
Full Name of Person with Parental Responsibility:			<input type="checkbox"/> My child has had the vaccine in the past four months. <input type="checkbox"/> Do not feel that the vaccine is necessary. <input type="checkbox"/> Due to a previous allergic reaction to the vaccine. <input type="checkbox"/> Due to the contents of the vaccine. <input type="checkbox"/> Other (please state) use separate sheet if necessary	
Signature of Person with Parental Responsibility:			Full Name of Person with Parental Responsibility:	
Date:			Signature of Person with Parental Responsibility:	
			Date:	
<p><small>Office Use – Initial appropriate box(es) Not written For information only Deleted entry Query Completed</small></p>				

Make sure you hold onto it!

Questions

- You will be called over by a nurse who may ask you some questions

Your name?



What number is on your house?



Your birthday?

Are you feeling well today?



What it looks and feels like



- This is what having the flu spray looks like
- The spray goes just inside your nostril
- It is sprayed up both sides of your nose
- It feels like a tickle, it does not hurt!

Your very important job

- As some of the flu sprays have a smell, we will ask you what yours smelt like
- We have been told that it smells of lots of things but mostly...



Or if you are really lucky...stinky feet!



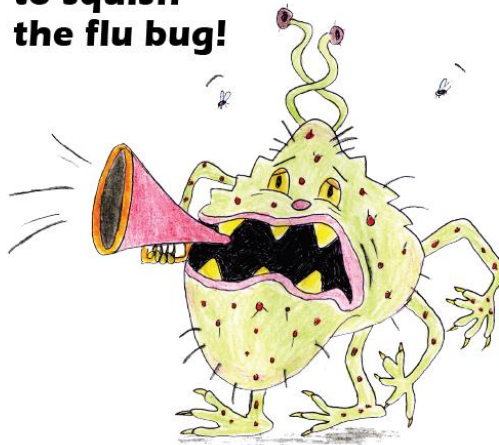
As you have been brave

- You will get a certificate to take home which looks like this...

NHS

Sussex Community
NHS Foundation Trust

**I COMPLETED
MY MISSION
to squish
the flu bug!**



Afterwards

- We will give you a tissue as sometimes it makes your nose drip
- Once you have wiped your nose, pop your tissue in the bin
- Then you can go back to class

