

**Consent Form Childhood Intranasal Flu Immunisation Programme 2020/21**  
**Children aged 2-5years and not yet at school or**  
**Primary School aged children who have not had this vaccination at school**



**Child's details:**

Name \_\_\_\_\_  
 DOB: \_\_\_\_\_ CHI Number: \_\_\_\_\_  
 GP Practice: \_\_\_\_\_

**Health Care Professional (HCP)**

This form should be used in conjunction with the Immunisation against Infectious Disease (Green Book), the relevant Patient Group Direction (PGD) and the Scottish Immunisation Programme Childhood Flu Immunisation Algorithm. If unsuitable for nasal flu vaccine, please consider injectable vaccine as per PGD.

\* See Green Book Chapter for requirements for second dose – **this is a clinical decision for the HCP**

<b>Questions to be asked at visit by the HCP prior to vaccination with Live Attenuated Intranasal Influenza Vaccination (LAIV)</b>	<b>1<sup>st</sup> Visit Tick Yes or No</b>	<b>2<sup>nd</sup> Visit (if required*) Tick Yes or No</b>
1. Does your child have any condition or is on any treatment that would reduce their immunity to infections? <b>If YES, refer to PGD and Green Book</b>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
2. Has your child ever been admitted to an intensive care unit as an emergency for egg allergy or severe asthma?  Egg allergy?  Severe asthma? <b>If YES, refer to PGD and Green Book and algorithm</b>	Yes <input type="checkbox"/> No <input type="checkbox"/>  Yes <input type="checkbox"/> No <input type="checkbox"/>  Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>  Yes <input type="checkbox"/> No <input type="checkbox"/>  Yes <input type="checkbox"/> No <input type="checkbox"/>
3. Does your child have asthma and are they currently taking inhaled steroids? <b>If 'Yes' refer to PGD and Green Book algorithm</b>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
4. Has your child had active wheezing in the last 72 hours or had increased use of reliever (blue) inhaler? <b>If 'Yes' refer to PGD and Green Book and algorithm</b>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
5. Is your child currently taking or has been prescribed oral steroids in the last 14 days? <b>If 'Yes' refer to PGD and Green Book and algorithm</b>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
6. Is injectable flu vaccination required for religious reasons?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
7. Side effects discussed / post vaccination advice sheet given?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>

**Parent/Carer - CONSENT**

Based on the information you have received, do you give consent for your child to be vaccinated with one of the flu vaccines?

HCP - information provided: (HCP - tick all that apply) Patient Information Leaflet  Verbal

<b>Immunisation</b>	<b>Consent</b>	<b>Date</b>	<b>Parent/Carer</b>	<b>Relationship</b>
Flu	Yes <input type="checkbox"/> No <input type="checkbox"/>			
Flu 2 (if required)*	Yes <input type="checkbox"/> No <input type="checkbox"/>			

<b>Date Given</b>	<b>Batch No</b>	<b>Site (please circle)</b>	<b>HCP Name</b>	<b>Designation</b>	<b>Signature</b>
		Intranasal / L arm / R arm			

For a copy of this form in large print, Braille or your community language, please contact your Health Care Provider