Derbyshire Community Health Services NHS
NHS Foundation Trust

School: **Hardwick Primary School**

Dear Headteacher

PRIMARY SCHOOL BASED FLU IMMUNISATION SESSIONS

Please find below the date for the delivery of the Flu Immunisation session in school:

29 November 2018

In readiness for the Flu session please distribute consent forms with information leaflets to parents of all children in **Reception, Year 1, 2, 3, 4 and 5** including those children who have been excluded. Completed consent forms should be returned to school by parents within **one week** ready for the Immunisation Team to collect.

The consent forms will be collected week commencing 17 September 2018. Please also have a class list attached to the consent forms.

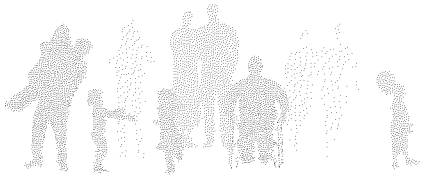
Where possible could you have the following available for the team on the day to ensure the smooth running of the session:

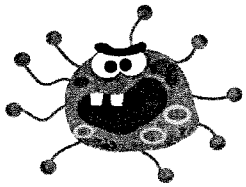
- A member of school staff to maintain the order and discipline of the pupils.
- A room of sufficient size to accommodate the Immunisation Team, with chairs and tables for the nurses and pupils.
- Car parking facilities for the day, or at least provision to drop off equipment.

The team may consist of between two and six members of staff, depending on the size of the cohort.

Due to the size of the cohort this year, we are unable to provide individual advice sheets for each child. A PDF will be emailed to each school for you to make available either on the school website or via email to parents.

The Immunisation Team will aim to complete the session in a timely manner and with minimal disruption to the normal running of the school. However, please be aware that should unplanned events occur completion of the programme is not guaranteed. Should sessions need to be cancelled or rearranged we will endeavour to give you a minimum of one week's notice.





A teaching package has been developed for staff and pupils to give further information regarding the flu programme in school, this should have been emailed to you however if you have not yet received it please contact the team at the above address.

Please do not hesitate to contact the Immunisation Team should you have any queries regarding the arrangements for the flu programme.

Thank you in anticipation of your support.

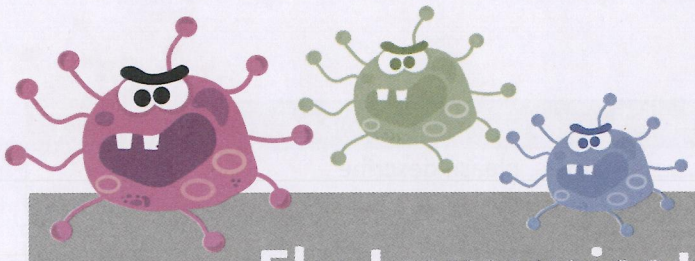
Yours sincerely

Immunisation Team

Please note: If, due to sickness, safe practice cannot be maintained sessions may be cancelled without notice.

NORTH TEAM	SOUTH TEAM (including Derby City)
Immunisation Team	Immunisation Team
Clay Cross Hospital	Repton Health Centre
Clay Cross	Askew Grove
Chesterfield	Repton
Derbyshire	Derbyshire
S45 9NZ	DE65 6SH
01246 252953	**01283 707178**

Team email: DCHST.immunisationteam@nhs.net



NHS
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Flu Immunisation Consent Form

Important information: The nasal flu vaccine is being offered to your child and is to be given at their school. The school will advise you of the date. Please read the accompanying information leaflet and if you wish your child to receive the nasal flu vaccine, complete all sections of the form.

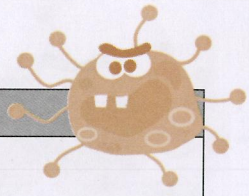
ONLY ONE CHILD PER FORM. PLEASE RETURN TO SCHOOL WITHIN ONE WEEK.

Immunisation Team Contact Details: **North** 01246 252953 **South** 01283 707178
DCHST.immunisationteam@nhs.net | www.derbyshireschoolnurses.org.uk

Patient Information	
Child's Surname:	Child's NHS Number:
Child's First Name:	Child's Gender: Male ☐ Female ☐
Child's Date of Birth:	Home Address:
Name of School:	
School Year: Class:	
GP Surgery:	
Please provide a contact telephone number for any queries relating to the consent form:	

Consent Declaration	
YES, I CONSENT for my child to receive the "Fluenz Tetra" nasal flu vaccination (if this is unsuitable for medical reasons, we will contact you to offer an alternative, injectable vaccine) • I confirm that I have parental responsibility for the above named child • I have read and understood the information given to me about the nasal flu vaccine • I understand that information provided will be shared with my GP to update my child's health records	**NO, I DO NOT CONSENT** for my child to receive the nasal flu vaccination. **Please let us know why you don't want your child to receive the nasal flu vaccine in school.**
Parent/Carer's name:	Parent/Carer's name:
Relationship to child:	Relationship to child:
Signature:	Signature:
Date:	Date:

Please turn over to complete the medical information



Medical Information	Yes	No	
1. Has your child got a health condition? If your child has asthma, please let us know if their condition has worsened two weeks prior to vaccination (e.g. wheezy, changes to medication)	☐	☐	If yes, please describe
2. Does your child take any prescribed medication on a daily basis? (Including inhalers, creams etc.)	☐	☐	Please refer to the table below
3. Drug name and strength Example: Clenil Modulite Inhaler 100mg _____ _____ _____	**Dosage** 2 puffs _____ _____ _____		**How often** Twice a day _____ _____ _____
4. Does your child have any severe allergies to medication or food?	☐	☐	If yes, please describe
5. Is anyone in your family currently having treatment that severely weakens their immune system? (e.g. chemotherapy, bone marrow transplant)	☐	☐	If yes, can your child avoid close contact with them for two weeks? Yes ☐ No ☐
6. Does your child have any special needs or a disability that will require additional support during vaccination?	☐	☐	If yes, please describe

Consent form checked ☐ Initial: Date:

CLINICAL USE ONLY		
Pre-vaccination assessment completed on day by:		Nasal Flu Spray given on (date):
Child not vaccinated (please tick)		School ☐ Clinic ☐ Home ☐
Absent Asthma (severe, wheezy) Child refused Confirmed egg allergy DOB out of range Immunosuppression (child)	Immunosuppression (family) Incomplete form Not well on day Previous reaction Rhinitis on day Salicylate (oral) therapy	**Batch Number and Expiry Date:** **Assessed by:** PRINT NAME: SIGNATURE:
NOTES: Second dose recommended: ☐		**Vaccine administered by:** PRINT NAME: SIGNATURE: Inputted (date): Initials:

flu fighter