

## Flu Vaccination Consent Form

Dear Parent/Guardian

Dr Jillian Johnston, Consultant in Health Protection at the Public Health Agency (PHA), has been quoted as saying that:

“After clean water, vaccination is the most effective public health intervention in the world for saving lives and promoting good health, and therefore one of the most important things that any parent can do is get their child vaccinated and encourage them to continue this throughout their own lifetime.”

We at IntraHealth firmly believe in this message and have been working, in partnership with Public Health England, to deliver its Annual Nasal Flu programme in primary schools and our professional and well trained teams will be visiting schools in the area during the winter term i.e. from October to January.

The vaccination is NOT routinely available at your GP practice, unless your child has a pre-existing long term health condition, in which case the GP practice will write to expressly invite you in. Otherwise children in ALL school years including reception class will be offered the vaccination.

In order to ensure that you have as much information to support your decision making, we have included in this pack answers to some frequently asked questions about influenza and the nasal vaccination. This includes details about the small proportion of children for whom this vaccination may not be advisable.

Please read and complete either the YES form or NO form in full (one per child) and return to your school within a week. In order to help support Public Health England's analysis of vaccination uptake rates in the area, it is extremely important that a form is returned, be it **YES** or **NO**, for each child.

If after returning the consent form your child's health changes or your child moves school please contact our immunisation team on the telephone number below. We would like to make you aware that if you do not inform us of changes to your child's details, it may result in them missing out on the vaccination.

If your child is vaccinated by the team, we will ensure that your GP practice is informed, unless specifically requested not to, of the vaccination in order to help maintain accurate vaccination records for your child.

Should you have any questions please don't hesitate to contact a member of the team on the phone number listed below.

**0333 3583 397**

Unit 10 Salmon Fields Business Village, Royton, Oldham OL2 6HT

Suite A1, Sheffield Business Park, Sheffield Business Centre, Europa Link, Sheffield S9 1XZ

Croston House – Suite 16, Lancashire Business Park, Leyland, Lancashire PR26 6TY

The Bespoke Resource Centre, Unit 17, Zeal Grath, Hull HU7 4WD

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# Common questions about the Children's Flu Vaccination

## Why should children have the flu vaccine?

Flu is a viral infection and a potentially serious disease. It affects the lungs and airways. Symptoms appear quickly and can include fever, cough, sore throat, aching muscles and joints. In children complications of flu can include pneumonia and bronchitis which can become severe.

## What are the benefits of the vaccine?

Having the vaccine will help protect your child from what can be a very nasty illness and will also reduce the chance of others in your family getting it. It can help you avoid having to take time out because you are ill or to look after your sick child.

## How will the vaccine be given?

For most children, it is given as a nasal spray.

## Who will give my child their flu vaccination?

Specially trained healthcare staff will give your child the flu vaccination. In some cases, older children may be given the option to give the vaccine to themselves, under the supervision of the healthcare team.

## How does the nasal vaccine work?

The nasal vaccine contains viruses that have been weakened to prevent them from causing flu but will help your child to build up immunity, so that when your child comes into contact with the flu virus they are unlikely to get ill.

## Are there any side effects of the vaccine?

Side effects are uncommon but may include a runny or blocked nose, headache, general tiredness and some loss of appetite. The vaccine is absorbed quickly in the nose so, even if your child sneezes immediately after having had the spray, there's no need to worry that it hasn't worked.

## Are there any children who shouldn't have the nasal vaccine?

Children should not have the nasal vaccine if they:

- are severely asthmatic, i.e. being treated with oral steroids or high dose inhaled steroids.
- are severely immuno compromised.

## What products are used in the vaccine?

Vaccines may contain minute traces of animal products and other components. If you have any concerns about the contents of the vaccines you can find more information at:

**[www.gov.uk/government/news/vaccines-and-gelatine-phe-response](http://www.gov.uk/government/news/vaccines-and-gelatine-phe-response)**



## BE A FLU DETECTIVE

Find the Clues for Staying Healthy  
During Flu Season!

### We need your child's help!

Are you ready to be a flu detective  
like Detective Dan?

Can you find all the ways to help keep you healthy  
during flu season? Circle the answers below.

1. Getting a flu vaccine every year
2. Covering your mouth with a tissue when you cough
3. Eating healthy food
4. Staying up late
5. Getting enough sleep
6. Riding your bike
7. Sharing your food and drink with friends
8. Playing on the playground
9. Covering your nose with a tissue when you sneeze
10. Going over to your friend's house,  
even though you feel sick
11. Washing your hands with warm, soapy water  
or using hand sanitizer
12. Using someone else's sleeve to cover your  
nose and mouth

### Great Job, Flu Detective!

Help your friends and family avoid getting sick by  
teaching them these important healthy habits!

It's Not 'JUST' the Flu - It's a Serious Disease!  
Get Your Flu Vaccine Today!

For more information please visit  
**[www.sharegoodtimesnotflu.co.uk](http://www.sharegoodtimesnotflu.co.uk)**  
or visit our facebook page  
Intrahealth Immunisations

## Flu Immunisation Consent Form

# YES

Please complete in black ink and return to your child's school

Please note that unless you have received an invitation from your Surgery the nasal flu vaccination will NOT be routinely available from your GP practice

### Child's details

|  |   |                        |  |
|--|---|------------------------|--|
| Child's Surname:   |   | Date of Birth:         |  |
| First Name:  |   | NHS Number (if known): |  |
| Gender: <b>Boy</b> <input type="checkbox"/> <b>Girl</b> <input type="checkbox"/> | School and year group:  |                        |  |
| Home Address:  | GP Name and Address:  |                        |  |
|  |   |                        |  |
| Postcode:  |   | Postcode:              |  |
| Contact Telephone Number:  | I am happy for someone to contact me to find out what I thought of the service? |                        |  |
| Parent/Guardian Mobile:  | <input type="checkbox"/> No <input type="checkbox"/> Yes                        |                        |  |

### Important information about this immunisation

|  |                             |                               |
|--|-----------------------------|-------------------------------|
| Has your child been diagnosed with Asthma? <b>PLEASE CONFIRM</b>   | <input type="checkbox"/> No | <input type="checkbox"/> Yes* |
| If <b>YES</b> , have they been to hospital or taken steroid tablets in the last month?   | <input type="checkbox"/> No | <input type="checkbox"/> Yes* |
| Does your child have any long standing medical conditions?   | <input type="checkbox"/> No | <input type="checkbox"/> Yes* |
| Is your child currently undertaking any treatment or on any regular medication? (please list overleaf)                           | <input type="checkbox"/> No | <input type="checkbox"/> Yes* |
| Is anyone in your family currently having treatment that severely affects their immune system (only if being kept in isolation)? | <input type="checkbox"/> No | <input type="checkbox"/> Yes* |
| Has your child ever had a serious allergic reaction that has needed hospital care?   | <input type="checkbox"/> No | <input type="checkbox"/> Yes* |
| *If you answered <b>YES</b> to any of the questions above, please give details overleaf  |                             |                               |

**YES**, I consent for my child to receive the Flu Vaccination.

**Signature of parent/guardian (with parental responsibility):**

Date:

If, in the future, there was the option to consent electronically would you be interested in this? ☐ Yes ☐ No

### OFFICE USE ONLY

|           |        |               |               |           |             |
|-----------|--------|---------------|---------------|-----------|-------------|
| Withdrawn | Absent | Unwell on day | Child Refused | Had at GP | Left school |
|-----------|--------|---------------|---------------|-----------|-------------|







## Flu Immunisation Consent Form

**NO**

Please complete in black ink and return to your child's school

Please note that unless you have received an invitation from your Surgery the nasal flu vaccination will NOT be routinely available from your GP practice

### Child's details

|  |  |   |  |
|--|--|---|--|
| Child's Surname:   |  | Date of Birth:  |  |
| First Name:  |  | NHS Number (if known):  |  |
| Gender: <b>Boy</b> <input type="checkbox"/> <b>Girl</b> <input type="checkbox"/> |  | School and year group:  |  |
| Home Address:  |  | GP Name and Address:  |  |
|  |  |   |  |
| Postcode:  |  | Postcode:   |  |
| Contact Telephone Number:  |  | I am happy for someone to contact me to find out what I thought of the service? |  |
| Parent/Guardian Mobile:  |  | <input type="checkbox"/> No <input type="checkbox"/> Yes                        |  |

If you do not consent for your child to receive the flu vaccination, please could you give your reason below:

**NO, I DO NOT** consent for my child to receive the Flu Vaccination.

**Signature of parent/guardian (with parental responsibility):**

.....

**Date:**

# Privacy & General Data Protection Regulation (GDPR)

## How your information will be used

1. As one of your health and social care providers, IntraHealth needs to keep and process information about you for normal healthcare purposes to support the services that we provide to you. The information we hold and process will be used for our management and administrative use only (i.e., your Direct Care). We will keep and use it to provide healthcare services and manage our relationship with you effectively, lawfully and appropriately, during your registration with our service, whilst you are under our care, until the time when you have been discharged or are no longer under our care. This includes using information to enable us to comply with any service/performance contracts, to comply with any legal requirements, pursue the legitimate interests of IntraHealth and to protect our legal position in the event of legal proceedings. If you do not consent for us to use your data, we may be unable in some circumstances to comply with our obligations and we will tell you about the implications of that decision.

2. The processing of personal data in the delivery of direct care by our service is supported under Article 6 and 9 conditions of the GDPR. We will also recognise your rights established under UK case law collectively known as the "Common Law Duty of Confidentiality".

3. As a business we may sometimes need to process your data to pursue our legitimate business interests, for example to prevent fraud, for administrative purposes or to manage your healthcare. We will never process your data where these interests are overridden by your own interests.

4. Much of the information we hold will have been provided by you, but some may come from other internal sources, such as clinical and administrative staff, or in some cases, external sources, such as other health and social care providers.

5. The sort of information we hold includes your contact details, your medical records; correspondence with or about you, for example information from other health and social care organisations, consent forms, medications; records of appointments, visits and other attendances.

6. Where we record or process special categories of information relating to your health and social care records, racial or ethnic origin, religious, biometric data or sexual orientation, we will always obtain your explicit consent to those activities unless this is required by law or the information is required to provide healthcare.

7. Where we are processing data based on your consent, you have the right to withdraw that consent at any time.

8. We may record computer and telephone/mobile telephone contacts.

9. Other than as mentioned below, we will only disclose information about you to third parties if we are legally obliged to do so or where we need to comply with our contractual duties to you, for instance we may need to pass on certain information to our external health insurance schemes.

10. We may transfer information about you to other organisations for purposes connected with your healthcare or the management of IntraHealth business, such as Commissioning bodies, hospital trusts, GP Practices, and other health and social care services.

11. Your personal data will be stored only for as long as we require it in relation to the purpose for which it was collected and/or processed.

12. If in the future we intend to process your personal data for a purpose other than that which it was collected we will provide you with information on that purpose and any other relevant information.

## Your rights

13. Under the General Data Protection Regulation (GDPR) you have a number of rights with regard to your personal data. You have the right to request from us access to and rectification or erasure of your personal data. You also have the right to restrict processing, object to processing as well as in certain circumstances the right to data portability. It is extremely unlikely that you have the right to delete correct information from your record.

14. If you have provided consent for the processing of your data you have the right (in certain circumstances) to withdraw that consent at any time which will not affect the lawfulness of the processing before your consent was withdrawn.

15. You have the right to lodge a complaint to the Information Commissioner's Office if you believe that we have not complied with the requirements of the GDPR with regard to your personal data. If you wish to complain follow this link <https://ico.org.uk/global/contact-us/> or call the helpline 0303 123 1113 (local rate).

IntraHealth is the controller and processor of data for the purposes of GDPR.

If you have any concerns as to how your data is processed you should contact one of our Service Managers.

IntraHealth's Data Protection Officer is Dr Neill Jones. He can be contacted on 0191 518 1564.