

2022-2023 Flu Season

Children's nasal flu vaccination consent form

– please complete and bring to the appointment

Child's name: _____ DOB: _____

Important Medical Information

Has your child had a confirmed severe egg allergy (needing hospital care)? Yes No

Is your child allergic to Gentamicin or Gelatin? Yes No

Does your child have any other allergies? Yes No

Has your child had a confirmed anaphylactic reaction to a previous flu vaccine? Yes No

Does your child have any long-standing medical conditions? Yes No

Does your child have a condition, or are they receiving treatment, that severely affects their immune system (eg leukemia)? Yes No

Is anyone in your family/household currently having treatment that severely affects their immune system? Yes No

Does your child have SEVERE asthma that previously required intensive care? Yes No

Is your child receiving salicylate therapy (eg aspirin)? Yes No

Has your child had oral steroids (prednisolone) in the last 14 days? Yes No

Has your child received a flu vaccine before (either by injection or nasally)? Yes No

Has your child received a flu vaccine since September 2022? Yes No

If you answered yes to any of the above, please give details:

CONSENT: I consent to my child receiving a flu vaccination.

Signature of parent/guardian (with parental responsibility):

Print name of parent/guardian: _____

Relationship to child: _____