

**2023-2024 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 (e.g. 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 which has previously required intensive care ? Yes  No

Is your child receiving salicylate therapy (e.g. 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: \_\_\_\_\_