

**Rotherham Doncaster
and South Humber**

NHS Foundation Trust

**Children's Care Group
Vaccination & Immunisation Team**

Honeysuckle Lodge
Tickhill Road Site
Tickhill Road
Balby, Doncaster
DN4 8QN

Single Point of Contact (SPOC) Tel: 01302 566776

September 2021

Dear Parent/Guardian,

Your Child's Annual Flu vaccination is now due

This vaccination programme is in place to help protect your child against flu. Flu can be an unpleasant illness and sometimes causes serious complications. Vaccinating your child will also help protect more vulnerable friends and family by preventing the spread of flu.

A leaflet explaining the vaccination programme is enclosed and includes details about the small number of children for whom the nasal vaccine is not appropriate. For further information also see: www.nhs.uk/child-flu

Please complete the enclosed consent form (one for each child) and return to the school no later than one week before the vaccinations are due to be given to ensure your child receives their flu spray. This date can be obtained from your child's teacher or is displayed in your child's classroom. If you decide you do not want to vaccinate your child against flu, please return the consent form giving the reason.

There are limited opportunities for your child to receive their vaccination in school. If they miss the main vaccination session, we will be returning to school in January to deliver a catch-up session, however if you would like them to receive their vaccine before January, we have several clinic sessions arranged outside of school that you can attend. Please see overleaf for timetable.

If your child becomes wheezy, has their asthma medication increased or is given the vaccine elsewhere after you return this form, please contact the Vaccination Team on 01302 566611 or 566612 and let us know. Please be aware that your child will be handed their consent form prior to vaccination to correctly identify them to the nurse and to enable the nurse to make an assessment of your child's health prior to vaccination.

PLEASE NOTE: As we are unable to give assurances that messages given to school staff will always be forwarded to the team prior to your child's vaccination, we **strongly** advise that you inform us directly of any changes that you feel may affect your child having the vaccination **on the day**. Please ensure that you contact us before 9:00am on the morning of the session by telephoning **01302 566612** or **01302 566611**. If you do not let the team know directly we cannot be held responsible if your child still receives their vaccination.

Yours Sincerely,

The Vaccination Team



Follow us on Facebook and Twitter: search RDaSH Immunisation team

Leading the way with care

FLU VACCINATION DROP IN SESSIONS ACROSS DONCASTER, NORTH LINCOLNSHIRE AND BASSETLAW

(You are welcome to attend any of the sessions below)

DATE	AREA	LOCATION	TIMES
November 6 th 2021	BRIGG	Tesco Superstore, Barnard Avenue, Brigg, North Lincolnshire DN20 8AT	09:30 - 11:30
November 6 th 2021	SCUNTHORPE	Morrisons, Lakeside Parkway, Scunthorpe. DN16 3UA	13:00 – 15:00
November 13 th 2021	WORKSOP	Morrisons, Kilton Road, Worksop, S80 2DJ	09:30 – 11:30
November 13 th 2021	RETFORD	Morrison, Idle Valley Road, Retford, DN22 7XD	13:00 – 15:00
November 20 th 2021	DONCASTER	Morrisons, York Road, Doncaster. DN5 9AY	09:30 – 15:00
November 27 th 2021	WORKSOP	Morrisons, Kilton Road, Worksop, S80 2DJ	09:30 – 11:30
November 27 th 2021	RETFORD	Morrison Retford, Idle Valley Road, Retford, DN22 7XD	13:00 – 15:00
December 4 th 2021	SCUNTHORPE	Tesco Extra Gallagher Retail Park Doncaster Road, Scunthorpe DN15 8GR	09:30 – 15:00
December 11 th 2021	THORNE / DONCASTER	Kings Chamber Selby Rd, Thorne, Doncaster DN8 4JE	09:30 – 11:30
December 11 th 2021	DENABY MAIN / DONCASTER	Dearne Valley Leisure Centre Doncaster Rd, Denaby Main, Doncaster S64 0LB	13:00 – 15:00
December 18 th 2021	DONCASTER	Lakeside Shopping Centre, White Rose Way, Doncaster, DN4 5PJ	09:30 – 15:00
January 25 th 2022	RETFORD	Morrison Retford, Idle Valley Road, Retford, DN22 7XD	15:30 - 17:00
January 26 th 2022	SCUNTHORPE	Tesco Extra Gallagher Retail Park Doncaster Rd, Scunthorpe DN15 8GR	15:30 - 17:00
January 27 th 2022	DONCASTER	Lakeside Shopping Centre, White Rose Way, Doncaster, DN4 5PJ	15:30 - 17:00

***PLEASE NOTE:** If you have a younger child aged between 2 years and 4 years (those children that turned 4 after the 31st August 2021), they are eligible for an annual Flu vaccination from their GP. Please arrange an appointment with your GP surgery if you would like them to have their Flu vaccination.

Flu immunisation consent form

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Please complete in black or blue ink.

Important information: The influenza vaccine is being offered to your child and is to be given at their school.

Please ensure that you read the accompanying information before completing the form.

Student Details			
First name:		Last name:	
Date of birth:		Doctor's Surgery:	
School:	Year group/class:	Gender: Boy <input type="checkbox"/> Girl <input type="checkbox"/>	
Home address:		Contact phone numbers:	
Has your child had a flu vaccination in the last four months?		Yes* <input type="checkbox"/>	No <input type="checkbox"/>
Does your child have any medical conditions?		Yes* <input type="checkbox"/>	No <input type="checkbox"/>
Is your child currently having treatment that severely affects their immune system (e.g. they are receiving treatment for leukaemia)?		Yes* <input type="checkbox"/>	No <input type="checkbox"/>
Is anyone in your family currently having treatment that severely affects their immune system (e.g. they need to be kept in isolation)?		Yes* <input type="checkbox"/>	No <input type="checkbox"/>
Has your child ever been admitted to hospital due to a severe allergic reaction to eggs?		Yes* <input type="checkbox"/>	No <input type="checkbox"/>
Is your child receiving salicylate therapy (e.g. aspirin)?		Yes* <input type="checkbox"/>	No <input type="checkbox"/>
If you answered Yes* to any of the above, please give details (e.g. condition, treatment or medication):			
Has your child been <u>diagnosed</u> with asthma? Please give details of medication below.		Yes <input type="checkbox"/>	No <input type="checkbox"/>
Has your child taken steroids in the last 2 weeks?		Yes <input type="checkbox"/>	No <input type="checkbox"/>
Has your child ever been in intensive care as a result of their asthma?		Yes <input type="checkbox"/>	No <input type="checkbox"/>
Asthma medication / inhaler	Dose	How often	
NB. The nasal flu vaccine contains products derived from pigs (porcine gelatine). Please indicate on this form if due to the porcine content you would prefer your child to have the injectable vaccine.			
Consent for immunisation (please tick Yes or No)			
<input type="checkbox"/> YES , I consent for my child to receive the flu immunisation.		<input type="checkbox"/> NO , I DO NOT consent to my child receiving the flu immunisation.	
If 'NO' please give reason(s) here:			
Signature of the parent /guardian with parental responsibility:		Date DD/MM/YYYY	

Flu immunisation consent form

FOR OFFICE USE ONLY

Pre sessions eligibility assessment for live attenuated influenza vaccine LAIV. Assessed against guidelines.

Child eligible for LAIV: **Yes** ☐ **No** ☐

Child eligible for injection : **Yes** ☐ **No** ☐

If no, give details:

Additional information:

Assessment completed by
Name, designation and signature:

Date:

Eligibility assessment on day of vaccination¹

Has the parent/child reported the child being wheezy over the past three days? **Yes** ☐ **No** ☐

If the child has asthma, has the parent/child reported:

• use of oral steroids in the past 14 days? **Yes** ☐ **No** ☐

• an increase in inhaled steroids since consent form completed? **Yes** ☐ **No** ☐

Child assessed as eligible for LAIV: **Yes** ☐ **No** ☐

LAIV supplied for administration by HCSW: **Yes** ☐ **No** ☐

Reason if not eligible: Not well enough ☐

Refused ☐

Absent ☐

Unable to triage ☐

Other ☐

Assessment completed by
Name, designation and signature:

Date:

Nurse's comments:

Vaccine details Fluenz Tetra ☐ Flucelvax ☐ Vaccine administered under PGD

Date: Time: Batch number: Expiry date:

Administered by
Name, designation and signature:

Date:

¹ Asthmatic children not eligible on the day of the session due to deterioration in their asthma control should be offered inactivated vaccine.