**The Parks Medical Centre Child Flu Vaccination Consent Form**

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| --- | --- |
| **Child’s Name:** |  |
| **Date of Birth of your child:** |  |
| **PPS Number of your child:** |  |
| **Parent/Guardian Contact Mobile:** |  |

**Please answer Yes or NO to the list of questions prior to booking your child of 2-17 years for the annual flu vaccine. Please tick the appropriate box.**

|  |  |  |  |
| --- | --- | --- | --- |
|  |  | **YES** | **NO** |
| **1.** | Has your child been vaccinated against Influenza in the past?  |  |  |
| **2.** | Has your child ever had an anaphylax (Severe allergic reaction) after a previous dose of the influenza vaccine? |  |  |
| **3.** | Has your child ever required ICU/critical care for a previous **severe** Anaphylaxis to eggs?  |  |  |
| **4.** | Is your child taking Aspirin or any medication containing Salicylates? A List of salicylates that may be in medicines your child is taking is at the end of this form |  |  |
| **5.** | Does your child have asthma requiring regular use of oral steroids? |  |  |
| **6.** | Has your child had increased wheezing and/or had to use Ventolin in the last 72 hours?  |  |  |
| **7.** | Does your child have significant immunosuppression (reduced immunity) due to disease or treatment e.g. cancer or chemotherapy treatment? |  |  |
| **8.** | Does your child live with somebody who is severely immunosuppressed? |  |  |
| **9.** | Is your child on combination check point inhibitors?A list of examples of these drugs are listed at the end of this form. |  |  |

\**If you have answered* ***YES*** *to any of the above questions, your child may not be able to have the Live Attenuated Influenza Vaccine, LAIV (nasal). Please leave your form down to the surgery with as much detail as possible and we will get back to you with advice as to what vaccination your child requires.*

**For Parents/Legal guardians.**

* Please check your child’s temperature prior to presenting for vaccination, if they have a temperature greater than 37.5C/99.5F, your child cannot be vaccinated, so please do not attend the special vaccination clinic.
* If you child is taking or has taken any anti-viral flu medication in the past 72 hours, is on oral steroids, is taking aspirin or any medication with any form of salicylates, they may not be vaccinated.

**Consent for Immunisation**

**Please tick to agree & sign below**

|  |  |
| --- | --- |
| * I have read all of the above and understand it.
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| * I understand that it is advisable to remain on the grounds of the surgery for 15 minutes after vaccination in case of the development of an allergic response.
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| * I consent to the use of my child’s details above being used for processing purposes with the HSE.
 |  |

Print Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Please sign below to consent to your child receiving the LAIV vaccine.**

* I consent to have my child vaccinated against Influenza(LAIV).

Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Salicylates**

* Aspirin
* Bismuth subsalicylate, Pepto bismol, used as antacid
* Choline salicylate,
* Diflunisal, NSAI
* Magnesium salicylate, simple pain killers
* Salsalate,

The above are components of medications, in particular pain killers.

**Examples of Check point inhibitors**

* Penbrolizumab
* Nivolumab
* Cemiplimab
* Atezolizumab
* Avelumab
* Durvalumab