

September 2023

Nasal Flu Programme in Schools – Reception Children to School Year 11

Dear Parent/Guardian

Your child's annual nasal flu vaccination is now due to be given in school. Even if your child received the nasal flu vaccination last year, it's important they have it again this year to ensure they receive protection against flu ahead of the winter months.

Flu is an unpleasant illness and can lead to serious complications in children. The nasal vaccination is safe, quick and painless for your child. This immunisation is the best protection we can give your child against unpredictable winter flu viruses.

We know that children are the super-spreaders of flu during the winter, so by vaccinating your child, and thereby helping prevent them from catching flu, you will also help prevent them from passing flu onto vulnerable friends and family, such as grandparents, those with long-term health conditions, and pregnant women. We offer this vaccine free of charge for children.

What we ask of you

- **Please read the enclosed leaflet** - this gives you further information.
- **Note the school timetable on the back of this letter** - it shows the dates when nurses will be giving the nasal vaccine in your child's school.
- **Complete and return the consent form** - return your completed form to your child's school as soon as possible. It's important we know, before the date nurses are vaccinating in your child's school, whether you want or don't want your child to have the nasal vaccine. This will also save your child's school having to contact you.
- **If you change your mind after returning your child's form**, it is your responsibility to go into school and make any changes to your child's form before nurses are in school to vaccinate.

As with all vaccinations, taking up this offer of protection is voluntary, however, we strongly recommend your child has this vaccine to help protect them against flu this coming winter.

If you have any queries, please contact the Immunisation Specialist Lead Nurse by email: V.Vale1@gov.je or telephone 445790 or 07797827391.

Further information is also available at www.gov.je/flu

Yours sincerely

Victoria Vale
Specialist Immunisation Lead Nurse



**Annual Nasal flu vaccine to protect against winter flu
Consent form for school children in
Reception Classes and School Years 1 to 11 inclusive**



Please complete and return this form to school before the date nurses will be in your child's school to vaccinate (this will save your child's school having to contact you). Complete a separate form for each child

Pupil's name:	Pupil's date of birth:
School name:	Form/Year group:
GP Practice Name:	
Parent/Guardian's daytime telephone number(s):	

1. Has your child had severe anaphylaxis to egg which required admission to intensive care? Or Had an anaphylaxis to flu vaccine, or any of the components in the past (other than egg)? <i>If yes, please give details in box below*</i>	Yes	No
2. Is your child receiving salicylate therapy i.e. aspirin?	Yes	No
3. Does your child have a disease or treatment that severely effects their immune system? e.g. treatment for leukaemia*	Yes	No
4. Is there anyone in your family currently receiving treatment that severely affects their immune system? e.g. they have to be kept in isolation*	Yes	No
5. Has your child been diagnosed with asthma? <i>If yes and your child has taken oral steroid tablets or rectal steroids because of their asthma in the past two weeks, please give details*</i>	Yes	No
Has your child ever been admitted to intensive care because of their asthma?	Yes	No
Please telephone the immunisation nurse (07797827391 / 01534 445790) if your child has to increase his or her asthma medication, or has increased wheezing, after you have returned this form to school		

*** If you have answered yes to any of the above questions, please provide brief details** (continue on the back of this form if necessary):

***Please make sure you read leaflet and answer all of the above questions.**

<u>Consent to have nasal flu vaccine at school</u>		FOR OFFICIAL USE ONLY:	
YES - I want my child to have the nasal flu vaccine at school		Batch number:	
Parent / Guardian's Name (with parental responsibility)		Expiry date:	
		Date given:	
Relationship to child (please circle)	Mother / Father / Legal Guardian	Vaccine administered by (print name):	
Signature:		Venue name (if different from school name above):	
Date:			

<u>NO - I do not want my child</u> to have the nasal flu vaccine at school			
Parent / Guardian's Name (with parental responsibility)	Mother / Father / Legal Guardian (Please circle)	Signature:	Date: