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| School Nursing ServiceLukis HouseGrange RoadSt Peter PortGuernseyGY1 2QG🕾 +44 (0) 1481 222011🖂 childvaccine@gov.gg🖰 www.gov.gg/childvaccines |

26 September 2022

Dear Parent / Guardian

**Re: Annual Nasal Flu Vaccine to Secondary School Age Children**

With Covid-19 in circulation it is more important than ever to reduce the numbers of those becoming ill with Flu this winter to help protect them and the Health Services. The Annual Flu Programme in Autumn 2022 will include children in school Years 7, 8, 9, 10 and 11. The School Nurses will visit schools to offer the Nasal Spray Flu Vaccine to protect your child against Flu. Flu can be an unpleasant illness and can sometimes cause serious complications.

Vaccinating your child will also help protect more vulnerable family and friends by preventing the spread of Flu. The vaccination is free and is a quick and easy spray up the nose. Even if your child had it last year, the type of Flu can vary each winter, so it is recommended to have the Flu Vaccine again this year or they won’t be protected.

You can read more about this vaccine and giving consent at <https://www.gov.gg/childvaccines> or www.nhs.uk/child-flu

The leaflet ‘Protect yourself against Flu – information for those in secondary school and the Nasal Flu Vaccine Product Information Leaflet are available on these websites and include details about the small number of children for whom the nasal vaccine is not appropriate. We recommend you read and share the leaflet with the young person before completing the enclosed Consent Form and returning to school. Please share this letter and its contents with other persons who have parental responsibility if it is safe to do so.

The School Nurses are due to visit:

**LADIES’ COLLEGE**

On

**THURSDAY 3 NOVEMBER 2022**

Please return the Consent form to school by: **Tuesday 11 October 2022.**

**If your child becomes wheezy, has a bad Asthma attack, or has started oral steroids for their Asthma after you return this form, please contact the School Nurse Team at Lukis House on Tel No: 222011.** A School Nurse will be available in school on the day of immunisation from 8:30 am to discuss any queries. Details of completed immunisations will be passed to the relevant GP to update the medical records.

Yours faithfully

**School Nursing Service**

Public Health Services

Enc: Consent Form

The information you will provide on the consent form is required for the School Nursing Service for the purposes of administering immunisations in schools. This information will be processed in line with the Data Protection (Bailiwick of Guernsey) Law, 2017. For full details of our Fair Processing Notice and how we look after your data please visit: [www.gov.gg/hscprivacy](http://www.gov.gg/hscprivacy) If you don’t have access to the internet please contact us and a paper copy will be provided.

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| Please return form to school by: 11.10.22 | SECONDARY SCHOOL – Seasonal Flu Vaccination Consent Form 2022 | Text  Description automatically generated with medium confidence |
| PLEASE COMPLETE USING A BALLPOINT PEN  |
| Child’s Surname: | Child’s First name: | Date of Birth: | Gender:Boy [ ]  Girl [ ]  |
| Home address: | Daytime telephone contacts (mobile & landline): |
| Post code: |  |
| GP Name and Practice: | Parent email: |
| School: Year 7 [ ]  Year 8 [ ]  Year 9 [ ]  Year 10 [ ]  Year 11 [ ]   |
| Has your child been diagnosed with asthma? | **Yes** [ ]  | **No** [ ]  |
| If your child has Asthma, has your child ever been admitted to Intensive Care because of their Asthma? | **Yes** [ ]  | **No** [ ]  |
| **Please ensure you notify the School Nurse Team and school office – before the day of vaccination if your child:*** *Has had steroid tablets or needed to increase the use of asthma medication in the 2 weeks prior to the vaccination.*
* *Has been wheezy or had a bad Asthma attack in the 3 days before the date of the vaccination session in school*.
 |
| Has your child already had a flu vaccination since September 2022? | **Yes** [ ]  | **No** [ ]  |
| Does your child have a disease or treatment that severely affects their immune system? *(eg treatment for Leukaemia, high dose steroids)* | **Yes** [ ]  | **No** [ ]  |
| Is anyone in your close family having treatment that severely affects their immune system? *(eg they have just had a bone marrow transplant or need to be kept in isolation).* | **Yes** [ ]  | **No** [ ]  |
| Has your child had any of the following: a severe anaphylaxis to eggs requiring Intensive Care admission, confirmed anaphylactic reaction to a previous dose of Influenza vaccine, or confirmed anaphylactic reaction to any component of the vaccine eg Gelatine or Gentamicin?  | **Yes** [ ]  | **No** [ ]  |
| Is your child receiving salicylate therapy? *(ie Aspirin)* | **Yes** [ ]  | **No** [ ]  |
| *If you answered yes to any of the above, please give details:**Please continue overleaf if required* |
| The Nasal Flu Vaccine contains a highly processed form of Gelatine derived from pigs (Porcine Gelatine). Please contact the School Nursing Service if you need to discuss an alternative vaccine. |
| Consent by parent/guardian with parental responsibility I have read the product information leaflet **and want my child** to receive the flu vaccination |  | Consent by parent/guardian with parental responsibility **I do not want my child** to receive the flu vaccination |  |
| Name *(print)* |  |  | Name *(print)* |  |  |
| Relationship to child: |  |  | Relationship to child: |  |  |
| Signature |  | Date |  |  | Signature |  | **Date** |  |  |
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| **FOR OFFICE USE ONLY** |
| **Pre session eligibility assessment for live attenuated influenza vaccine LAIV**Form triaged - Is child eligible for LAIV? | Yes | No *(reason)* | Assessor *(print and sign)* | Date: |
| **Eligibility assessment on day of vaccination**Has the parent/child reported wheeziness in last 3 days/or use of oral steroids/or increased use of inhaled steroids in the past 2 weeks? | No | Yes | Is child eligible for LAIV? | Yes | No | If No, *give details* |
|  |
| **Date** | **Time** | **Name of vaccine** | **Batch No / Expiry date** | **Immuniser (print and sign)** | **Place of administration*****(please circle)*** |
|  |  | Fluenz Tetra |  |  | School / Clinic |

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| **Child Health Team checklist:** | **Trak: [ ]**  | **Input: [ ]**  | **Scan: [ ]**  | **Initials:**  |

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