

Completing the Electronic Consent Form For Your Child's Flu Vaccination

Vaccinations are a very important way to protect your child and the wider community against some serious and potentially fatal diseases.

Now that your child attends school, these vaccinations will be given in school with the rest of child's peer group instead of at the GP surgery. However, your permission, known as consent, is needed before any vaccinations can be given.

To give your consent it is necessary to complete a form online. This is a quick and simple process.

Using a smart phone, tablet or computer type www.leicsandrutlandimms.co.uk into your browser or search engine

Select the vaccination relevant to your child by clicking on the correct 'click here' box. This will be **Seasonal Flu**, ONLY for children in primary school and pupils in school Year 7.

Type in your own email address and confirm this by typing it in again in the box below. If you don't have an email address then you can use communityimms@leicspart.nhs.uk

Type in the unique school code for your child's school. You should have been given this code by the school. Please remember there are no spaces or full stops with this code.

Click on 'Find School'. The name of your child's school should appear in the box. If you receive any other message it means that the code has been typed incorrectly. In this case, please try again.

Click next. This will take you to the next page.

Type in your child's first name, surname and known by name if this is different from their official first name.

Select their gender from the drop-down box.

Select your child's date of birth from the drop down options.

If you know their NHS number, add this to the next box. If you don't know their NHS number, then please leave this box empty.

Select your child's ethnicity from the drop-down box.

Select your child's School Year Group from the drop down box. Please note this is their year group NOT their class number.

Please type in your telephone number. The consent form will not allow you to continue without a telephone number.

Next, select your GP practice from the drop-down box. If your GP surgery is not listed then type this into the space provided.

Finally, insert your post code into the box and click on 'Find Address'. Click on 'Select Address' and choose the correct house number for your home.

Click NEXT to be taken to the next section.

This page is asking medical questions about your child. Please answer them as accurately as you can.

Has your child already had a flu vaccination in the last three months?

Has your child been diagnosed with asthma?

Does your child have a disease or treatment that severely affects their immune system? For example takes oral steroids, an immunosuppressant or is having treatment for leukaemia

Is anyone in your family currently having treatment that severely affects their immune system? For example, if they have been advised by healthcare professionals to restrict their movement, contacts with people or they need to be kept in isolation

Does your child have a severe egg allergy which has previously required a hospital admission to intensive care?

Is your child receiving oral salicylate therapy? For example, aspirin

Does your child have any needs or disability that will require additional support during vaccination?

If you answer yes to any of these questions, you will be prompted to answer further questions and provide us with additional information.

Click NEXT to be taken to the next section.

Complete the box stating that you understand the information and 'YES' if you do consent to your child receiving the nasal flu vaccination.

If you click 'NO', stating that you do not consent, then your child will NOT be vaccinated with the nasal spray.

Please select your reason for saying NO from the drop down box.

If your reason for declining the nasal spray is due to the gelatine content, then this year you can express an interest in your child receiving a gelatine free injectable vaccine instead.

Please note the important information that appears on the page here, stating that the gelatine free injectable vaccine:

- **Is less effective than the nasal flu**
- **An injection into the muscle could be uncomfortable, therefore we may not be able to give it without your presence**
- **It will be available later in the flu season and so there is likely to be a significant delay in receiving it**
- **The availability of the injectable vaccine may be limited**

If you would like your child to receive the injectable flu vaccine, please go back to the drop-down box and select 'Prefer Injectable'. The Immunisations Team will then contact you with further information.

Complete your full name and select your relationship to your child from the drop-down box.

Click 'SUBMIT'. Your form will then be sent directly to the community immunisation service and your child will be seen in school if you have consented to the nasal spray.

If you have expressed an interest in the injectable vaccine, the Immunisations Team will contact you in due course.

You don't need to repeat this process again for this child even if you receive reminders from school. This will be a general reminder sent to all parents.

If you have more than one child then please start the process again from the beginning for each child that you have.

Thank you for taking the time to complete the consent form. You are helping to protect your child, your family and the wider community.