



**IMMUNISATION TEAM  
KEEPING YOU SAFE**



**Coventry and  
Warwickshire Partnership**  
NHS Trust

Coventry Immunisation Team  
Paybody Building  
City of Coventry Health Centre  
Stoney Stanton Road  
Coventry  
Tel: 024 7696 1422

Email: [Bewise.immunise@covwarkpt.nhs.uk](mailto:Bewise.immunise@covwarkpt.nhs.uk)

@CWPT\_Cov\_Imms

September 2017

Parent /Guardian

## Flu vaccination for children in Reception and Years 1, 2, 3 and 4

We would like to offer you the opportunity to protect your child against seasonal flu (influenza) this winter. Flu is a highly contagious viral infection affecting the respiratory system. This vaccine will protect all children from flu and its associated complications, such as pneumonia and middle ear infection. It will also help to reduce the spread of flu and thus protect many others, such as younger siblings, pregnant women, grandparents and those in "at risk" groups (i.e with conditions such as asthma, diabetes, kidney problems).

From October 2017 all children in Reception and years 1, 2, 3 and 4 will be offered flu vaccination through a nasal spray. This extension of the national flu immunisation programme to children is part of a phased introduction, based on the advice of independent experts. **This vaccination is annual so if your child received the vaccine last year they will need to have it again this year.**

A leaflet explaining the programme is enclosed. This information includes details about children for whom the nasal spray is not appropriate. Any further information can be obtained from [www.nhs.uk/child-flu](http://www.nhs.uk/child-flu) or contact your Immunisation Team.

Fluenz Tetra® will be the vaccine used for children in this programme and one dose will be given nasally. The Patient information leaflet for the nasal flu can be found at: [www.medicines.org.uk/emc/medicine/29109](http://www.medicines.org.uk/emc/medicine/29109).

Some schools have access to a flu video clip we have produced and may show this to the children before the session. Should you wish to view this video with your child it can be seen by visiting: [https://youtu.be/9vEi0pdcH\\_w-](https://youtu.be/9vEi0pdcH_w-)

**Please complete the enclosed consent form and return it to the school within 7 days of receipt of this letter, so your child can be given the vaccine.** Please note if the consent form is returned after this date your child may not be able to have the vaccine.

**If your child becomes wheezy or has their asthma medication increased just before or on the day of the vaccination session, or you would just like some more advice or information please contact the vaccination team on 024 7696 1422 or email [bewise.immunise@covwarkpt.nhs.uk](mailto:bewise.immunise@covwarkpt.nhs.uk)**

Jagtar Singh OBE – Chair

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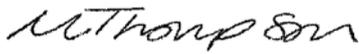
Simon Gilby – Chief Executive



Please remember to return the consent form even if you DO NOT consent to the vaccination for your child, explaining the reason for your decision. This will help us in the development of the flu vaccination programme in the future.

Some faith groups accept the use of porcine gelatine in medical products – the decision is, of course, up to you. For further information about porcine gelatine and the nasal flu vaccine, see [www.gov.uk/government/news/vaccines-and-gelatine-phe-response](http://www.gov.uk/government/news/vaccines-and-gelatine-phe-response)

Yours sincerely



Mairead Thompson  
Clinical Lead – Coventry Immunisation and Vaccination Service

## NOTES ON COMPLETING THE CONSENT FORM

Please complete the form for your child fully using BLOCK CAPITALS using black or blue ink.

### Patient Information and Contact Details

**Your child's NHS number:** If you are registered with a GP practice you will already have this number. It is a 10 digit number which is unique to your child and can be found on their medical card. It can also be found on any letter from the NHS, any prescription and on your child's red book – "my personal child health record".

### Medical Information

Please let us know immediately if your child's asthma deteriorates, i.e. they have been treated with steroids in the last 14 days, they have been wheezy or need to use their 'reliever' inhaler more frequently in the 3 days leading up to the date of vaccination.

There are some children who should not have the vaccine. Completing this section fully will help us screen your child and make a decision. Should the need arise we may contact you to discuss this.

Should the vaccine not be suitable for your child we will inform you.

### Consent Declaration

**THIS FORM MUST ONLY BE COMPLETED BY SOMEONE WITH PARENTAL RESPONSIBILITY.**

Guidance about parental responsibility can be found at:

<https://www.gov.uk/parental-rights-responsibilities/what-is-parental-responsibility>

**Sharing information with your GP:** After our team has vaccinated your child at their school we will let your GP know so that they can update your child's health record.

**We would like you to talk to your child about this vaccination.**

***Please note your child should have received 2 doses of MMR by 5yrs of age. It is important for you to contact your GP if they have not received these 2 doses. (We are unable to administer this vaccination)***

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