**The Loddon Vale Practice**

 **Hurricane Way, Woodley, Reading, Berkshire, RG5 4UX.**

 Date…………………………..

 D.O.B………………………….

**Consent for Fluenz Nasal flu vaccination**

* Fluenz is a safe and effective nasal spray vaccine to protect children aged two years and older against flu.
* The vaccine is easy to give and painless and has been used safely in other countries for a number of years.
* Flu can be a nasty illness that can lead to a stay in hospital, especially for children with other medical conditions like heart disease and diabetes.
* Protecting your child can stop the flu spreading to other children he/she may come into contact with, and to the rest of the family, in particular to grandparents, who may be at particular risk from flu.

**For more information visit:** [**www.nhs.uk/child-flu**](http://www.nhs.uk/child-flu)

Does your child have a confirmed egg allergy? Yes no 

Does your child have severe Asthma? Yes  No 

Is your child having treatment that can reduce its immune system? Yes  No

Is your child on oral aspirin Yes  No

Has your child an unrepaired craniofacial malformations Yes  No 

Is your child in close contact with a person who has a disease or is receiveing treatment that severely affects their immune systems. (e.g. they need to be in isolation) Yes  No 

**I hereby give consent for my child (Name of child)**

**………………………………………………………………….**

 **to be given the nasal flu vaccination**

**Parent Signature……………………………………………**