



Children's Health Centre  
Immunisation Department

Dear Parent/Guardian:

Your child will be offered the intranasal seasonal flu vaccine in school settings. We are moving from injections to something that is sniffed up the nose, so will not be as painful or traumatic.

Please fill in the consent form below and return to school by 2nd October

### Consent form for the intranasal seasonal flu vaccine

(Please complete **one** box only)

Name of child----- DOB:-----

School:----- Year group:----- Class:-----

I <b>want</b> my child to have the intranasal flu vaccination		I <b>do not want</b> my child to have the intranasal flu vaccination
Name of child		
Signature of Parent/Guardian		
		Date

For further information please telephone: Child Health Team 70143 ext: 3362

**For Office use only**

DATE	Vaccine	Batch	Site	Signature

