

PERRYFIELDS INFANT SCHOOL

Flu Immunisation Programme in School

Dear Parents and Carers

Please find attached the paperwork and information regarding your child receiving the flu vaccination in school. This will be taking place on Thursday 27th November 2014.

Please return your consent form by Thursday 13th November at the very latest. It is VERY important we receive the form back from EVERY child. If your child will not be receiving their flu vaccine in school, please still return the form with an explanation as to why. We need to have communication from EVERY parent regarding this immunisation.

If you have any further questions once you have read the enclosed documents, please do ask.

Please note we are not able to accommodate parents being present for their child's vaccination.

Many thanks for your co-operation.

Yours sincerely



Mrs Amanda Reid
Headteacher

Dear Parent/Carer,

August 2014

Flu Vaccination for Primary School Children in Essex

This year, as for last winter, all children in primary school in some areas are being offered a nasal flu vaccination at their school. This follows on from a series of pilot vaccination programmes that were successfully carried out last year.

Your child will be offered a flu vaccine that is given as a simple spray up the nose. It is painless, very quick, and side effects are uncommon and generally mild. This vaccination programme is designed to protect your child against flu which can be an unpleasant illness and, although rarely, sometimes cause serious complications. Also, by having the flu vaccination, children are less likely to pass the virus on to friends and family, some of whom may be at greater risk from flu if they are, say, an infant, an older person or someone with an underlying health condition.

A leaflet about the programme is enclosed and answers some commonly asked questions about flu and the vaccination, including details about the small number of children for whom the nasal spray is not appropriate.

If your child is wheezy or has had their asthma medication increased after you have returned the consent form (see below), please contact the Immunisation team on: - 01376 302769 before the day of the vaccination session.

Please complete the enclosed consent form (one for each child, please) and return it to the school within two weeks 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.

Please return the consent form even if you DO NOT wish your child to have vaccination, explaining the reason for your decision.

Flu can be an unpleasant illness in children causing fever, stuffy nose, dry cough, sore throat, aching muscles and joints, and extreme tiredness, which can last several days. Others can also get a very high fever, sometimes without the usual flu symptoms, and may need to go to hospital for treatment. Complications can include a painful ear infection, bronchitis, and pneumonia – these may be severe.

What is the pilot programme?

The Joint Committee on Vaccination and Immunisation (JVCI), which is the independent expert advisory body for the national immunization programme, has recommended extending the flu immunization programme to healthy children. This will lower the potentially serious impact of flu on each child and will also help reduce spread to other members of the community, including the child's immediate family. The pilot programme in schools is designed to help understand how best to vaccinate large numbers of children in a short period of time. We will use this information to help us plan the expansion of the flu programme to more children. The pilots are not designed to test the vaccine, which has been extensively tested and has an excellent safety record.

Yours Sincerely,

A handwritten signature in black ink that reads 'M. Wilson'.

Marilyn Wilson
Lead Nurse Immunisation Programmes

Childs details		
Child's Surname:	Date of Birth:	
First Name:	NHS Number:	
Gender: Male/Female	School and class:	
Home Address:	GP name and address:	
Postcode:		
Home Telephone Number:	I am happy for someone to contact me to find out what I thought of the service?	
Parent/Guardian Mobile:	NO	YES
Ethnicity:	Language:	Religion:
Important information about this Immunisation		
Has your child ever had a serious allergic reaction? (eg. Egg, antibiotics or another vaccine)		
	NO	YES*
Has your child been diagnosed with Asthma?		
	NO	YES*
Does your child have any other long standing medical condition?		
	NO	YES*
Does your child currently take any medication or have they taken any steroids in the past three months?		
	NO	YES*
Is your child currently having treatment that severely affects their immune system (for example they are receiving treatment for Leukaemia)?		
	NO	YES*
Is anyone in your household currently having treatment that severely affects their immune system (for example they are receiving treatment for Leukaemia)?		
	NO	YES*
Has your child had an MMR or BCG vaccine in the last 4 weeks or are they due to receive one soon?		
	NO	YES*
*If you answered YES to any of the questions above, please give details:		
Consent for Immunisation (please complete one section only)		
I want my child to have the flu immunisation and have read the enclosed Parental letter and leaflet	I do not want my child to have the flu immunisation. Please return this form to school. It would be helpful if you felt able to give reasons for declining on the back of this form	
Name: Parent/Carer	Name: Parent/Carer	
I have Parental responsibility for this child	I have Parental responsibility for this child	
Signature:Parent/Carer (relationship to child)	Signature:Parent/Carer (relationship to child)	
Date	Date	

