FOR OFFICE USE ONLY

Version 3.0 September 2025

Name: | Date of Birth:

Class: | School Name: | School Roll Number:

Nasal Flu Vaccination Consent Form for children aged 2-17 years (Fluenz LAIV)

2-17

COMPLETE THE FORM IN BLOCK CAPITALS USING A PEN.

To consent for vaccination please complete Parts 1-4 of this form and return the completed form in the envelope provided before the vaccinations begin.

Part 1: Child's Personal Details

Complete this part for all children/young people (PLEASE USE BLOCK CAPITALS)

Child's Forename: | Child's Middle Name:

Child's Surname (Family Name):

Otherwise Known As:

Child's Personal Public Services Number (PPSN):

Child's Date of Birth: D D M M Y Y Y Y | Sex at Birth: Male ☐ Female ☐

Child's Country of Birth:

Child's Address:

Eircode: | County:

Child's Address when they last had a vaccine (if different than above):

School Name:

Class/Year:

Child's Ethnic or Cultural Background:

A. White

- **A.1** ☐ **Irish**
- **A.2** ☐ **Irish Traveller**
- **A.3** ☐ **Roma**
- **A.4** ☐ **Any other White background**

B. Black or Black Irish

- **B.1** ☐ **African**
- **B.2** ☐ **Any other Black background**

C. Asian or Asian Irish

- **C.1** ☐ Chinese
- **C.2** ☐ Indian/Pakistani/Bangladeshi
- **C.3** ☐ Any other Asian background

D. Other, including mixed background

- **D.1** ☐ Arab
- **D.2** ☐ Mixed, write in description

Description

- **D.3** ☐ Other, write in description

Description

E. Prefer not to say ☐

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Name: Date of Birth:

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Part 2: Parent/Guardian Personal Details

Parent/Legal Guardian Forename and Surname:

Mother's family name at birth (Maiden Name):

Mobile Phone Number:

Alternate Phone Number:

Email:

The vaccination team may need to contact you to discuss details provided in this form. Please note, we may send you an appointment confirmation and/or reminders by SMS and/or email.

PART 3: Child's Medical Details

1. Has your child ever received the flu vaccine before? Yes ☐ No ☐

2. Has your child already had a flu vaccine since 1 September 2025 Yes ☐ No ☐

3. Has your child ever had a severe allergic reaction to anything including medication or vaccines? Yes ☐ No ☐

If yes, please provide details _____

4. Has your child needed an Intensive Care Unit (ICU) admission following an allergic reaction to eggs? Yes ☐ No ☐

5. Has your child been diagnosed with asthma? Yes ☐ No ☐

5a. If yes does your child take regular steroids for their asthma and/or has your child ever been admitted to ICU/Critical Care for Asthma? Yes ☐ No ☐

6. Does your child take aspirin/salicylates medication? Yes ☐ No ☐

7. Does your child have a severely weakened immune system due to disease or treatment? e.g., leukaemia/lymphoma or high dose steroids or severe neutropenia Yes ☐ No ☐

8. Does your child live with anyone currently having treatment that severely affects their immune system? e.g., someone who has had a bone marrow transplant? Yes ☐ No ☐

If yes, please provide details _____

9. Does your child take medication called combination checkpoint inhibitors e.g., ipilumumab plus nivolumab Yes ☐ No ☐

10. Is your child known to have a condition causing a Cerebrospinal Fluid (CSF) leak and/or has your child had a recent cochlear implant? Yes ☐ No ☐

11. Does your child have an inherited metabolic disorder? If no skip to Part 4. Yes ☐ No ☐

Please note that some children with inherited metabolic disorders may not be able to get the Nasal flu vaccine (LAIV). Children with inherited metabolic disorders will usually be attending a specialist medical team. Please ask your child's specialist medical team whether your child should get the Nasal flu vaccine (LAIV) before you consent for the vaccine:

11a. Have you discussed whether your child can get the Nasal flu vaccine (LAIV) with your child's specialist medical team? Yes ☐ No ☐

11b. If yes, has your child's specialist medical team confirmed that your child can get the Nasal flu vaccine (LAIV)? Yes ☐ No ☐

Please note the Nasal flu vaccine (LAIV) is not suitable in pregnancy

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Part 4: Vaccination Consent

Medical Consent: Please note only a parent or legal guardian can provide consent for a medical procedure, or refuse consent for a medical procedure for young people under 16 years of age. Young people aged 16 years or older are legally entitled to consent for themselves. If a young person aged 16 or 17 years old is unable to give informed consent then their parent or legal guardian can consent on their behalf. Read more about the HSE Consent Policy on the HSE website.

CONSENT TO VACCINATION:

Please tick the box below and sign to give consent for vaccination.

☐ **YES**, I want my child to receive the Nasal flu vaccine (LAIV).

By signing the below I confirm that:

- I have read and understand the accompanying vaccine information, including known side effects.
- I am authorised to give consent on behalf of the above named child.
  (young people 16 years or older are legally entitled to consent for themselves).
- I understand that LAIV Nasal flu vaccine is not recommended during pregnancy.

Name of person giving consent *(Please print)*:

Signature: _____

Date: D D M M Y Y Y Y

(Please tick): Parent ☐ Legal Guardian ☐ Self ☐

Notes/Comments: *(Please write here if there is any additional information about this child you would like to share with the vaccination team or any comments for their attention).*

If you have consented to vaccination, please let your vaccinator know before the date of vaccination if your child:

- has had influenza antiviral medications in the 48 hours before their vaccine is due, as they should not get the Nasal flu vaccine (LAIV).
- has an acute exacerbation of asthma, including increased wheezing and/or needed additional inhalers in the previous 72 hours as they should not receive the Nasal flu vaccine (LAIV).
- has received a dose of the flu vaccine from their GP or Pharmacist since the consent form was completed.
- is unwell with a sudden fever (as vaccination should be delayed until recovery).

Thank you for completing the consent form. Please return in the envelope provided.

Privacy Notice: The HSE do not use consent as a lawful basis for processing personal data. In the interest of transparency, to explain how we collect and use personal information the HSE provides details within the HSE Privacy Notice for Patients and Service Users which is accessible via the HSE Privacy Statement. The processing of your child's data will be lawful and fair. It will only be processed for specific purposes including, to manage the vaccinations, to report and monitor vaccination programmes, to validate clients and provide health care. Data sharing between HSE departments may also occur.

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Fluenz (LAIV) nasal flu vaccine

This young person assents to receiving the vaccine (Please tick) ☐

Prescriber's signature and MCRN/PIN	Vaccinator's signature and MCRN/PIN	Batch No.	Expiry Date	Date Given
			D D M M Y Y Y Y	D D M M Y Y Y Y

Time Vaccinated: **AM/PM** Vaccination Location: School ☐ Clinic ☐

Clinic Name:

Completed by: **MCRN/PIN:** D D M M Y Y Y Y

If vaccine not administered please state why?

DNA or Absent ☐ Refused on the Day ☐

Vaccine Contraindicated ☐ Deferred ☐ Other

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Notes/Comments:

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