

HOW TO CONSENT FOR YOUR CHILD TO HAVE THE INFLUENZA NASAL SPRAY VACCINATION

To consent for the Influenza Nasal Spray vaccination, use this link:

[Immunisation Consent \(susseximmunisations.co.uk\)](https://susseximmunisations.co.uk/immunisation-consent)

Or

Scan the QR code to go straight to the Flu vaccination consent form:



THE FIRST SCREEN WILL LOOK LIKE THIS.

It will tell you at the top of the screen which consent form you have opened.

Make sure this vaccination name matches the one at the top of your parent consent letter.



Flu Vaccination Consent Form

Sussex Community
NHS Foundation Trust

Registration

Please enter your email address and the code provided by your school. Then press 'Find School'. It is important that you enter the correct email address as future correspondence will be emailed to you about your child's vaccination.

After you have finished, if you change your mind or need to tell us about changes to your child's medical history, do not complete another consent form. Please visit www.susseximmunisations.co.uk/Contact to contact the immunisation team and tell us about any changes.

Email address

Confirm email address

School code

Find School

School name

Next

You can read our fair processing policy here: www.sussexcommunity.nhs.uk/contact-us/patient-records.htm



Excellent care at the heart of the community

YOU WILL NEED THE PARENT CONSENT LETTER YOUR CHILD'S SCHOOL SENT YOU FOR THIS SCREEN.

Sussex Community

Registration

Please enter your email address and the code provided by your school. Then press 'Find School'. It is important that you enter the correct email address

After you have finished, if you change your mind or need to tell us about changes to your child's medical history, do not complete another consent form

Email address

Confirm email address

School code

SX123789

Find School

School name

School is now closed. Please contact the immunisation team.

Next

Enter your email address into both these boxes.

Enter your school code – this is on your parent consent letter under the heading 'How do I give consent for this vaccination?'

Check the school name in the grey box matches the school name on your parent consent letter.

Scan the QR code to go straight to the Flu vaccination consent form

Parent / Guardian Invitation to Consent for:
2023-2024 School Based Influenza (Flu) Nasal Spray Vaccination Programme

The Influenza nasal spray vaccination is offered annually as part of the national programme for vaccination of children and young people. This vaccine is given to children in all year groups from Reception through to Year 11.

WHY SHOULD I VACCINATE MY CHILD?
Flu is caused by the influenza virus, which affects the nose and throat. It can be a very unpleasant illness, which can lead to complications for some children, particularly for those with long-term health conditions, for example asthma or diabetes. Further information is available on the NHS Choices website: <https://www.nhs.uk>

PUBLIC HEALTH INFORMATION
Vaccination is one of the most successful of public health interventions. Having the vaccination can reduce the circulation of the virus, prevent the wider community becoming ill, and reduce the risk of serious health problems for those with long-term health conditions. The Influenza vaccine is given in the UK in term time, through the Spring.

IS THE FLU VACCINATION SAFE?
The vaccination is given as a single, quick, and painless spray into each nostril. It is safe and effective, and has been used for many years. The vaccine has undergone rigorous safety testing, before being licensed for use in the UK. Questions about this letter or any other frequently asked questions and useful information about the vaccine, and the school's policies against it.

How do I give consent for this vaccination?
Complete the steps below, before the closing date and time, to consent for your child to have the Influenza nasal spray vaccination. Your online consent form closes at 11am, 4 working days before your session date, which can be found in the accompanying email from your child's school.

1. Read the vaccination information provided on the next page, within the frequently asked questions.
2. Click on the following link: www.sussexcommunitynhs.uk/Flu2024/ or scan the QR code at the top of this page.
3. Log in using your school email address. You will receive a confirmation email following submission of the consent form.
4. Enter your school code - 'Message Consent Code' and click 'Find School'. School codes are unique to each school and will use the code found on this letter, to avoid being used incorrectly.
5. Check the school's name matches the school your child attends. <message school name>

Parent / Legal Guardian (with Parental Responsibility) to complete and submit the consent form, indicating your choice of consent. <Please ensure you provide the child's full name, address and GP.>

This page and the information provided helps you to make a positive decision about protecting your child against this potentially serious disease. For what a vaccination is really available.

If you are unable to complete the online form, do not wait your child to have the vaccination, or wish to change your consent, please read the frequently asked questions for more to proceed. Speak to a member of the Immunisation Service by calling your local team, on 01273 439811.

Highfield East 3700 | Chichester East 4100 | Crawley East 5000 | Hovefield East 5000 | Ladbroke East 4000 | Worthing East 5000

Is the school name correct?

If **yes**, click next.

If **no**, recheck the code on the parent letter (make sure any 0's are entered as a number not a letter).

For assistance call one of the numbers on the bottom of the parent letter.



THE NEXT SCREEN LOOKS LIKE THIS.

IT HAS BOXES TO WRITE YOUR CHILDS NAME, DATE OF BIRTH AND GP SURGERY.

You need to write your child's first name and last name in these boxes.

Do you call your child something different at home? i.e is their name Christopher, but you call them Chris? **If yes**, write the name in this box. Leave it blank if not.

Don't worry if you don't know your child's NHS number, you can leave this box blank.

Click on the drop-down arrows, circled here in red, to help you complete the other boxes.

Tell us your child's address by writing the postcode in this box. Click the 'find your address' button

Select your child's address from the drop-down list

Click 'Next' to go to the next screen once you have completed the boxes.

The screenshot shows the 'Student Details' form with the following fields and annotations:

- Child first name**: Text input field with a red arrow pointing to it.
- Child last name**: Text input field with a red arrow pointing to it.
- Child known by**: Text input field with a red arrow pointing to it.
- Sex**: Dropdown menu with a red circle around the arrow.
- Date of birth**: Date picker with red circles around the year, month, and day dropdown arrows.
- NHS Number (if known)**: Text input field with a red arrow pointing to it.
- Year group**: Dropdown menu with a red circle around the arrow.
- Parent telephone 1**: Text input field with a red arrow pointing to it.
- Parent Telephone 2**: Text input field with a red arrow pointing to it.
- Ethnicity**: Dropdown menu with a red circle around the arrow.
- If your GP surgery is not listed, please enter here**: Text input field.
- Home Address**: Section containing:
 - Postcode**: Text input field with a red arrow pointing to it.
 - Find your Address**: Button with a red arrow pointing to it.
 - Select your Address**: Dropdown menu with a red arrow pointing to it.
 - Address Line 1**: Text input field with a red arrow pointing to it.
 - Country**: Text input field with a red arrow pointing to it.
- Next**: Blue button at the bottom left with a red arrow pointing to it.



THE NEXT SCREEN LOOKS LIKE THIS (for flu, this will be after the screen on the next page)
IT ASKS QUESTIONS ABOUT YOUR CHILD'S MEDICAL HISTORY.

This information is important. If you are unsure, please check with your GP or red book.

Click in the circle next to your answer for each question.

If you answer 'Yes' to any of the questions, this box will pop up...

You need to give more information in this box. i.e. Write the name and details of your child's medical condition.

Medical History

Does the child named on this form have any severe allergies?

☐ No
☐ Yes

Does the child named on this form have any existing medical conditions?

☐ No
☒ Yes

If Yes, please give us more information:

Does the child named on this form take any regular medication? (excluding contraceptive medication)

☐ No
☐ Yes

Has the child named on this form received two doses of the MMR vaccine since the age of one?

☐ No
☐ Yes

Is there anything else you think we should know about your child?

☐ No
☐ Yes

Next

Click 'Next' to go to the next screen once you have completed the boxes.



THIS IS THE LAST SCREEN (for flu it is the second to last screen).
THE FIRST QUESTION ASKS YOU IF YOU CONSENT FOR VACCINATION.

Consent

I consent to the child named on this form to receive the full HPV vaccination course:

☐ Yes
☐ No

If No, please give us more information:

Please choose

Please choose

My child has had these vaccinations
I do not feel that the vaccine(s) is necessary
Due to a previous allergic reaction to the vaccine(s)
Other

the vaccinations above. To the best of my knowledge the child named on this form has not already had the vaccinations above, for their age. I

Full Name (Parent/guardian with parental responsibility)

Write your name in this box.

Relationship to child

Please choose...

Use the drop-down list to tell us who you are. i.e. Mother.

I consent to the child named on this form Digital Health (e.g. GP) Record being available to be viewed by SCFT staff involved in their care.

☐ Yes
☐ No

Click in the circle next to your answer.

Click 'Submit' to send us your completed form.

Submit

**WHEN YOU CLICK THE GREEN SUBMIT BUTTOM THIS PAGE WILL APPEAR.
YOU WILL ALSO GET AN EMAIL TELLING YOU A CONSENT FORM HAS BEEN SUBMITTED
FOR YOUR CHILD.**



Thankyou. The consent form was submitted.

If you change your mind or need to tell us about changes to your child's medical history, do not complete another consent form.
Please visit www.susseximmunisations.co.uk/Contact to contact the immunisation team and tell us about any changes.



If you need additional support, please call us:

01273 696011

EXT.

**Brighton – 3789
Chichester – 8100
Crawley – 2043
Heathfield – 2080
Uckfield - 4931
Worthing – 8533**

For more information about vaccinations please visit www.nhs.uk/conditions/vaccinations

