

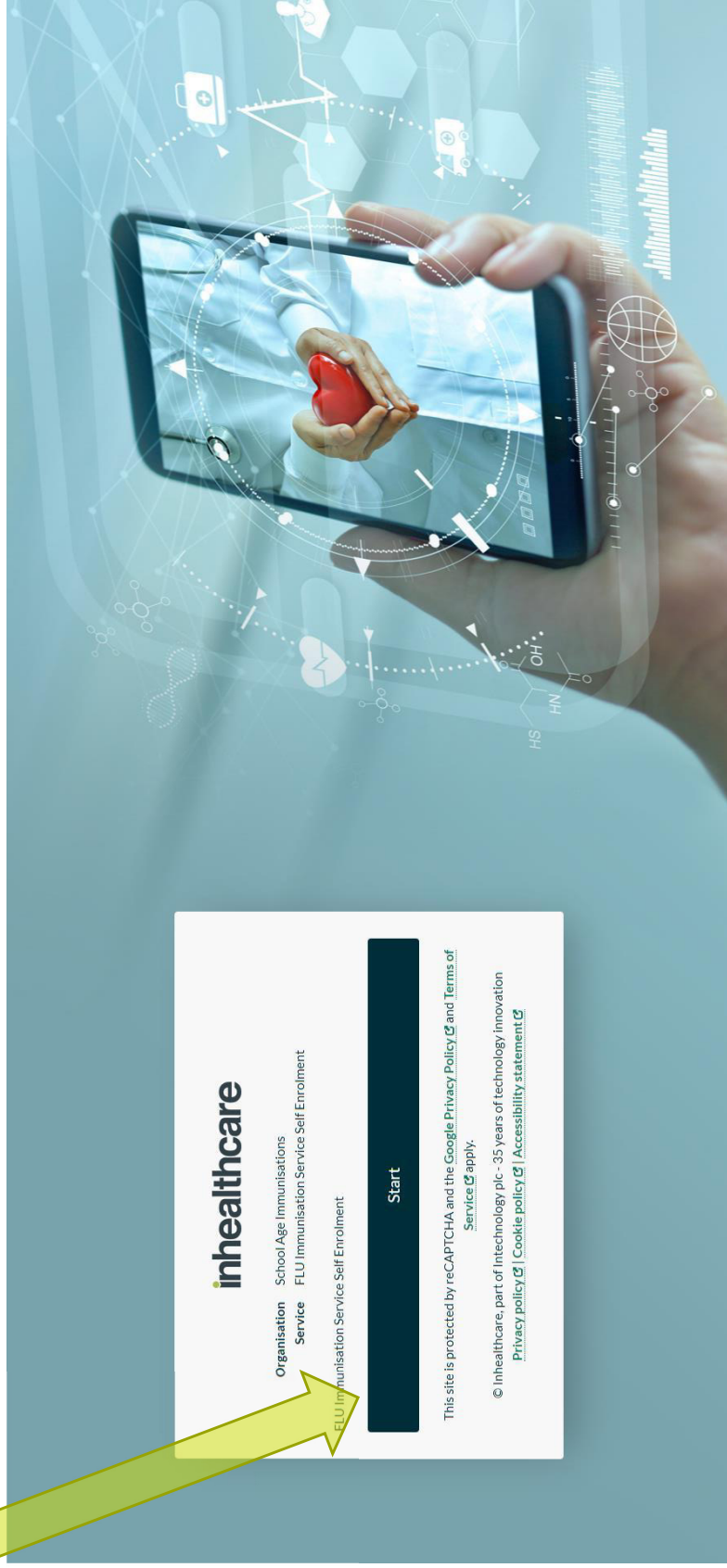
# E-consent for flu vaccination

A step-by-step guide to completing the form



**Click Start**

**IMPORTANT - this must be completed by the person(s) with parental responsibility for the child**



- **Insert the code received via the link sent to you from school or SMS message**
- **Then, click Submit**

**inhealthcare**

School/LEA code

Please enter the School/LEA code from the e-mail or letter you have received about your child receiving the seasonal flu vaccination this year.

School/LEA code

Submit

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## • Complete your child's details **(see next page for more information)**

**Child information**      Educational facility      BBG Academy

Please check the Educational facility shown above is correct before continuing. If not, please ask your child's school or the School Age Immunisation Service for the correct School/LEA code.

Please provide your **child's** full name, as registered with their GP, to help us find their NHS record.

**First Name (given name)**

**Middle Name(s) (optional)**

**Surname (family name)**

**If your child is commonly known by another name please tell us here (optional)**

**Date of birth (DD/MM/YYYY)**

**Gender**       Male       Female

**Enter your child's NHS number if you know it**

**NHS number (optional)**

- Select your child's ethnicity, year group and full address
- Then, click Submit

**Ethnicity (optional)**

White British

Irish

Gypsy or Irish Traveller

Other white background

Bangladeshi or British Bangladeshi

Chinese or British Chinese

Other Asian background

Caribbean

African

Other Black background

Arab

Other ethnic background

Not stated

To ensure that your child is immunised with their peers please carefully select their year group from the list below

**Please select the correct year group for your child**

Please select

If your child's year group does not appear on this list please let us know by contacting us at [lcpl.localachildhealth@nhs.net](mailto:lcpl.localachildhealth@nhs.net)

Please enter your child's home address

**Address Line 1**

**Address Line 2 (optional)**

**Address Line 3 (optional)**

**Post code**

**Submit**

- Indicate if you wish to give consent for:

- the flu nasal spray

- injection (none porcine)

Or,

- decline

- provide your full name and tick if you have parental responsibility

- Then, click Submit



Consent status

The nasal flu vaccine contains a highly processed form of gelatine derived from pigs (porcine gelatine). It is offered because it is more effective in the programme than an injected vaccine. This is because it is considered better at reducing the spread of flu to others and is easier to administer. For those who may not accept the use of porcine gelatine in medical products, an alternative injectable vaccine is available this year.

Further information about the seasonal influenza vaccination for children and young people is available from NHS England [here](#).

Do you wish your child to be given the seasonal influenza vaccination by the School Age Immunisation Service?

- Yes - Nasal
- Yes - Injection
- No
- My child has already been immunised this academic year

Full name of person completing consent

Please confirm you have parental responsibility for this child  Yes

You must have parental responsibility to give consent for a child to be immunised

Submit

- **Complete the contact details of the person completing this form**

- **Then click Submit**

- **You will then receive an email with a four digit code**

**(if you don't see the message in your inbox, check your junk email folder)**



**Contact details**  
Please provide your contact details below in case of any queries

**Primary contact name**

**Primary contact relationship to child**

**Primary contact phone number**

**Primary contact email address**

**We need to verify your e-mail address as we will use this to send you information about your child's immunisation(s)**

Submit

- Enter the four digit code from the email you have received
- Then click Submit

**Locala**

Email address

We have sent a verification code to [indalooloo@gmail.com](mailto:indalooloo@gmail.com)

If you do not receive the e-mail within a few minutes please check your junk/spam folder and that the e-mail address provided is correct.

Did you receive your verification code?

Yes

No, please send me another code

No, the e-mail address above is incorrect

Enter verification code

Submit



- You will then have the option to add the details of another person who has parental responsibility
- If you wish to do so, select “yes” and click Submit and you will then see a new screen to add in the person’s details
- If you don’t want to add another person just click “no” and then click Submit



Additional contact details

Would you like to enter alternative contacts?  Yes  No

Submit

# • Complete your child's medical details (see next page for more information)



Health questions

We need to collect some information to ensure the immunisation is suitable for your child

Has your child been diagnosed with a long term health condition (e.g. asthma)?  Yes  No

Is anyone in your family currently having treatment that severely affects their immune system? e.g. bone marrow transplant patients requiring isolation.  Yes  No

Has your child ever had a severe (anaphylactic) reaction to any previous vaccines, eggs or egg proteins, that required intensive care?  Yes  No

Is your child receiving salicylate therapy e.g. Aspirin?  Yes  No

Is your child currently taking any antiviral therapy?  Yes  No

Does your child have an unrepaired craniofacial malformation?  Yes  No

Please click [here](#) for information regarding the ingredients of the flu vaccine.

Is your child allergic to any of the ingredients of the flu vaccine as listed in the link above?  Yes  No

- **Additional needs – use this box to mention anything you feel is relevant to your child**
- **click Submit**

Additional needs

Does your child have additional needs that may affect their vaccination?

Yes

No

Please provide details

Submit

- **A confirmation screen will show all your answers**
- **Please double check and then click “Yes” to Submit**
- **You will then receive an email with the date of the session**
- **If your child is being invited to clinic – you will receive an email with a link to book a clinic sessions**

Declaration

Please confirm that the information you have provided is accurate and correct

Yes

No, I need to go back and correct the relevant information

Locala Community Partnership respects the confidentiality of information you provide about yourself and your child, we only hold information that is required to provide the services we deliver and will only share information with other care and education providers where we are required to do so and for any ongoing care and support <https://www.locala.org.uk/about-us/how-we-are-doing/information-governance/privacy-notice-gdpr-information>

Submit