

## 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](http://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](http://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.

## 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

[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.

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.**

Click in the circle next to your answer.

If you select 'No' this box will appear

Use the drop-down list to pick a reason.

Click in the circle next to your answer.

**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

Submit

Click 'Submit' to send us your completed form.



**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](http://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](http://www.nhs.uk/conditions/vaccinations)

