



ST THOMAS MORE CATHOLIC SCHOOL

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Executive Headteacher: Mr Martin Tissot, MA, MBA, NPQH

RN/CSP

10th September 2020



Dear Parent/Carer

Re: Annual Flu Vaccination – Year 7

Due to the COVID pandemic and the expected “second wind” during the flu season this year, Public Health England have instructed that we should extend the flu vaccine offer to all Year 7 pupils. The hope is to vaccinate as many children as possible, which should help stop the spread of the seasonal flu, therefore taking pressure off the NHS as they work their way through the winter.

This vaccination is recommended to help protect your child against flu and is provisionally booked for **Thursday, 10th December 2020**. Flu can be an unpleasant illness and can cause serious complications. Vaccinating your child will also help protect more vulnerable family and friends by preventing the spread of flu. With COVID-19 in circulation it is more important than ever to reduce the number of those becoming ill with flu this winter to help protect them and the NHS.

Please complete the enclosed NHS consent form and return to Pupil Reception at the school **by Friday, 23rd October 2020** to ensure your child receives their vaccination.

The vaccination is free and is a quick and simple spray up the nose. Even if your child had it last year, the type of flu can vary each winter so it is recommended to have the flu vaccine again this year or they won't be protected. A leaflet explaining the vaccination programme, which also includes details about the small number of children for whom the nasal vaccine is not appropriate, can be found on the following website:

<https://www.gov.uk/government/publications/flu-vaccination-leaflets-and-posters>

Since the programme was introduced, most children offered the vaccine in schools have had the immunisation. However, should you decide you do not want to vaccinate your child against flu, please return the consent form giving the reason. This will help us plan and improve the service.

While COVID-19 is in circulation, the healthcare team and school will follow guidelines to ensure children are safe when being offered the vaccine.

NB: If your child becomes wheezy, has a bad attack of asthma, or has started oral steroids for their asthma after you return this form, please contact the Haringey & Islington Immunisation Team on 020 8017 7925.

If you have any queries, please contact the Haringey & Islington Immunisation Team on 020 8017 7925. For further information also see: www.nhs.uk/child-flu .

Yours sincerely,

A Rosen

Mr A Rosen

Acting Head of School

Flu immunisation consent form

Parent/guardian to complete

Student details	
Surname:	First name:
Date of birth:	Gender: Girl <input type="checkbox"/> Boy <input type="checkbox"/>
NHS number (if known):	Home telephone:
Home address:	GP name and address:
Post code:	Parent/guardian mobile:
<p>Has your child been diagnosed with asthma? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>If Yes, Has your child taken steroid tablets because of their asthma within the past two weeks? Yes* No</p> <p>Has your child ever been admitted to intensive care because of their asthma? Yes* No</p> <p>Please let the immunisation team know if your child has to increase his or her asthma medication after you have returned this form.</p>	<p>Has your child already had a flu vaccination since September 2020? Yes* <input type="checkbox"/> No <input type="checkbox"/></p> <p>Does your child have a disease or treatment that severely affects their immune system? (e.g. treatment for leukaemia) Yes* <input type="checkbox"/> No <input type="checkbox"/></p> <p>Is anyone in your family currently having treatment that severely affects their immune system? (e.g. they need to be kept in isolation) Yes* <input type="checkbox"/> No <input type="checkbox"/></p> <p>Does your child have a severe egg allergy? (requiring intensive care unit admission) Yes* <input type="checkbox"/> No <input type="checkbox"/></p> <p>Is your child receiving salicylate therapy? (i.e. aspirin) <input type="checkbox"/> Yes* <input type="checkbox"/> No</p> <p>*If you answered 'Yes' to any of the above, please give details:</p> <p>On the day of vaccination, please let the immunisation team know if your child has been wheezy or had a bad asthma attack in the past three days.</p>
<p>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 easier to administer and is considered better at reducing the spread of flu to others. More information is available from: www.nhs.uk/child-flu</p>	
Consent for immunisation (please tick YES or NO)	
<input type="checkbox"/> YES, I consent for my child to receive the flu immunisation.	<input type="checkbox"/> NO, I DO NOT consent to my child receiving the flu immunisation.
<p>If 'NO' please give reason(s) below:</p>	
<p>Signature of parent/guardian (with parental responsibility):</p>	<p>Date DD/MM/YYYY</p>

