

## **YOUR CHILD IS OVER TWO**

TELL THE NURSE OF ANY ALLERGY YOUR CHILD MAY HAVE

YOUR CHILD SHOULD NOT HAVE THIS VACCINE IF THEY HAVE A SEVERE EGG ALLERGY

LET US KNOW IF YOUR CHILD HAS AN ACTIVE ASTHMA WHEEZE IN THE PAST 72 hrs OR THOSE WHO HAVE INCREASED THEIR BLUE INHALER IN THE LAST 42 HOURS

LET US KNOW IF YOUR CHILD HAS PREVIOUSLY REQUIRED INTENSIVE CARE FOR ASTHMA EXACERBATION OR THEY REQUIRE REGULAR ORAL STEROIDS FOR THE MAINTANANCE OF ASTHMA

TELL THE NURSE IF YOUR CHILD IS HAVING ANY IMMUNOSUPPRESIVE THERAPY

IF YOUR CHILD IS HAVING FLUENZ FOR THE FIRST TIME AND HAS BEEN INVITED IN AS THEY ARE DIABETIC OR ASTHMATIC PLEASE INFORM THE NURSE

TELL THE NURSE IF YOUR CHILD HAS A TEMPERATURE OR A BLOCKED/SNOTTY NOSE

PLEASE LET US KNOW IF YOUR CHILD IS IN CLOSE CONTACT WITH SOMEONE UNDERGOING CHEMOTHERAPY/ TRANSPLANT

PLEASE TELL US IF YOUR CHILDS TAKING ASPRIN/ sylicylatic drugs

PLEASE TELL US IF YOU ARE PREGNANT



## Flu Vaccination for Children

This vaccination programme is in place to help protect your child against flu. Flu can be an unpleasant illness and sometimes causes serious complications. Vaccinating your child will also help protect more vulnerable friends and family by preventing the spread of flu.

**Please phone 01392 537534 to book an appointment for Child's flu vaccination.**

**Flu Clinics are starting on Saturday 12<sup>th</sup> September 2020**

The vaccination is free and recommended for young children.

If you decide that you do not want your Child to have the vaccination please complete the tear off slip below and return to the Surgery so that we can update their records.

**For more information visit: [www.nhs.uk/child-flu](http://www.nhs.uk/child-flu)**

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### **Household Contacts of those on the NHS High Risk Covid Shielded Patient List**

Did you know that all household contacts are eligible to have a free Flu Vaccination if they share living accommodation with a "High Risk Shielded Person?"

Please try and ensure that ALL your family members take up this offer if applicable.

Thank you.

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Name: ..... DOB: ..... GP: .....

I confirm that I do not wish for my child to have the flu immunisation this year.

Signature of Parent/Guardian: .....