

IMPORTANT NEWS AFFECTING YOUR CHILD'S HEALTH

Local Pharmacy Group
We Are...Here to Help



Department of Pharmacy Vaccination Delivery Service

Local Pharmacy Group,
65 South Street,
New Ross,
Co. Wexford,

Free Student Flu Vaccination Service 2020/21 (Ages 2 – 12)

Dear Sir/Madam,

At Local Pharmacy Group we understand how the flu can affect your family's health. In light of **COVID-19**, vaccinations against this flu this season is of categoric importance. Flu is one of the biggest causes of **short-term illness** and **absence from school**. Schools therefore play a critical role in protecting the health of students, staff and the community from contagious diseases such as flu. **The best way to prevent related illnesses is by getting the flu vaccine each year.**

This year, **Bunscoil Ris Edmund Rice Senior School** has agreed to hold a flu vaccination clinic at their premises. In addition, the HSE have announced that Influenza Vaccine and its administration will be **FREE** for all children between the ages of 2-12.

In order to opt your child in for their school vaccination this year and protect them against the influenza virus please observe the following procedure:

- 1) Fill in the attached consent form provided and hand in the form to Bunscoil Ris Edmund Rice Senior School. This **MUST** be handed in by **Thursday 22nd October 2020**.
- 2) It is of **importance** that you read the information leaflet for the nasal vaccination to ensure that your child is not allergic to any of the vaccination ingredients and to ensure your child is not contraindicated to the flu vaccination. Contact Hanlys Local Pharmacy, New Ross should you have any questions.
- 3) Once the consent form is returned to Bunscoil Ris Edmund Rice Senior School, one of our trained members of staff will screen the form and contact you to ask further questions if necessary. **If we do not contact you then this means the pharmacist has no queries and your child's vaccination is confirmed.**
- 4) **On the day of the flu clinic, should your child feel unwell**, then the school should be notified at the earliest opportunity so that our vaccinating pharmacist can be made aware.

Thank you,

David Wilson (Superintendent Pharmacist, Local Pharmacy Group)

Your Local Pharmacy: **HANLYS LOCAL PHARMACY, NEW ROSS**

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Nasal Influenza (LAIV) Vaccination Consent Form

Student Details Surname: _____ Forename: _____ Address: _____ _____ School: _____	Date of Birth: _____ Phone No: _____ Gender: _____ PPSN: _____ GP: _____
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Medical History	Yes	No
• Is the patient aged 2-12 years?		
• If under 9 years old and at-risk, has the child had any flu vaccination before?		
• Is the child unwell in any way (fever or acute infection)?		
• Is the child allergic to eggs or chicken?		
• Has the child ever had an allergic reaction to any previous vaccination?		
• Is the child allergic to any of the vaccine residues or excipients?		
• Has the child ever suffered an anaphylaxis attack?		
• Does the child have any problems with their immune system?		
• Does the child live with someone who is severely immunocompromised?		
• Is the child taking aspirin/salicylate therapy?		
• Has the child ever been diagnosed with asthma?		
• Does the child require regular oral steroids or ICU care for asthma?		
• Has the child had any antiviral medication in the last 2 days?		

Consent: I have read and understood the nasal influenza vaccination leaflet and will contact Hanlys Local Pharmacy to speak to the pharmacist providing the vaccine if I need to.

I understand:

- The nature of the treatment.
- The benefits and risks of immunisation.
- The risks of influenza.
- The possible side effects of vaccination, when they might occur and how they should be treated.

I have been given an opportunity to ask questions and raise any concerns.

I agree that the details I have supplied have been recorded and those records will be kept by Hanlys Local Pharmacy and shared with the HSE for the purposes of public health as required by legislation.

I agree for my child to proceed with the nasal vaccination for influenza:

I agree for a copy of my child's vaccination record form to be sent to the GP:

Signature: _____ Date: _____

Name of Parent/Guardian _____

Yes	No

PLEASE RETURN CONSENT FORM BACK TO YOUR SCHOOL BY Thursday 22nd October 2020

FOR OFFICE USE ONLY	
FORM SCREENED BY PHARMACIST	
YES	NO

Your Local Pharmacy: **HANLYS LOCAL PHARMACY, NEW ROSS**