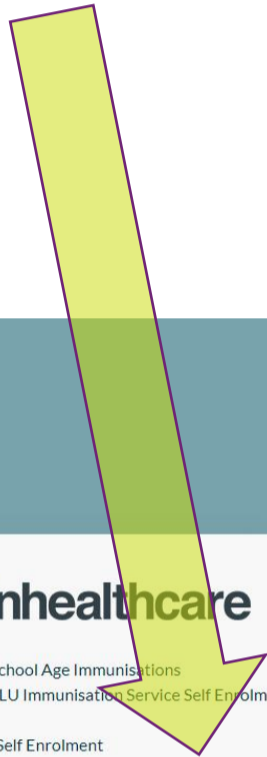


E-consent for flu vaccination

A step-by-step guide to
completing the form



Click Start



inhealthcare

Organisation School Age Immunisations
Service FLU Immunisation Service Self Enrolment

FLU Immunisation Service Self Enrolment

Start

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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



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School/LEA code

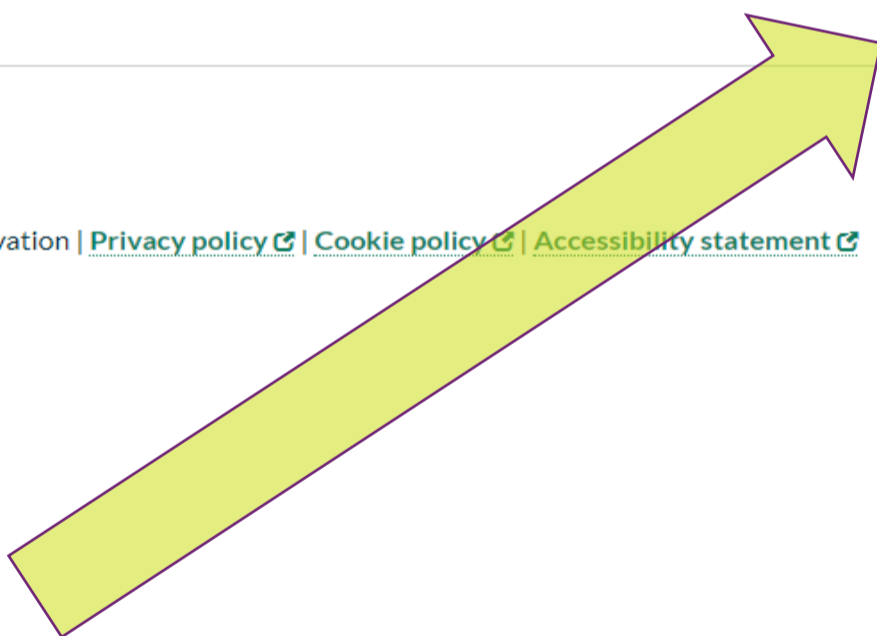
Please enter the School/LEA code from the e-mail or letter you have received about your child receiving the seasonal flu vaccination this year.

School/LEA code

Submit

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Then, click Submit

Complete your child's details

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)

(see next page for more information)

Select your child's

- **Ethnicity**
- **year group**
- **full address**

Ethnicity (optional)

- White British
- Irish
- Gypsy or Irish Traveller
- Other white background
- Pakistani or British Pakistani
- 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 lcp.localachildhealth@nhs.net

Please enter your **child's** home address

Address Line 1

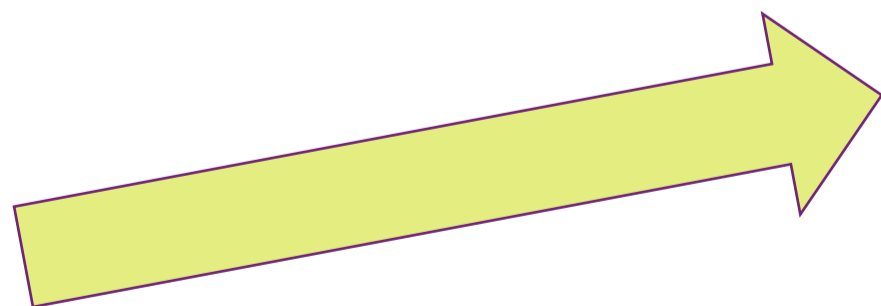
Address Line 2 (optional)

Address Line 3 (optional)

Post code

Submit

Then, click Submit



Indicate if you wish to give consent for:

- the flu nasal spray
- injection (none porcine)

Or,

- decline

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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

Provide your full name and tick if you have parental responsibility

Then, click Submit

Complete the contact details of the person completing this form



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

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)

Enter the four digit code from the e-mail you have received



Email address

We have sent a verification code to **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

Then click 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 - 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



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

(see next page for more information)

**Additional needs:
use this box to mention anything
you feel is relevant to your child**

Additional needs

Does your child have additional needs that may affect their vaccination? Yes No

Please provide details

Submit

click 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