

## Flu Vaccination - Child



Every year, the flu causes widespread illness in the community. Annual flu vaccination is recommended for any person from six months of age who wishes to reduce the likelihood of becoming ill with the flu.

The flu vaccine can be given on the same day as other vaccines. Children under 9 years of age having the flu vaccine for the first time ever will require two doses at least 4 weeks apart.

The flu vaccine is safe and effective, but can cause a range of side effects. Common side effects lasting up to 48 hours include:

- Pain, tenderness, redness, swelling, bruising or hardness at the injection site
- General feeling of unwell
- Muscle aches
- Headache
- Mild fever

For any more severe symptoms, please consult your doctor.

Before receiving the vaccine, make sure that you tell your doctor or nurse if you:

- Are unwell (have a temperature over 38.5°C)
- Have any allergies
- Have had Guillain-Barre syndrome

Contact Council's Health Services team on 9298 8165 if you require further information

## **WAIT 15 MINUTES AFTER IMMUNISATION**

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**VACCINATION RECORD - OFFICE USE ONLY**

**Child's name:** \_\_\_\_\_

**Vaccine given:** \_\_\_\_\_

**Date given:** \_\_\_\_\_ **Next dose due after:** \_\_\_\_\_

## CONSENT FORM – Flu Vaccination Child

*(Please tick all relevant boxes)*

Free funded categories		Medical categories	
Aboriginal and/or Torres Strait Islander persons	<input type="checkbox"/>	Has your child been vaccinated against flu in previous years	<input type="checkbox"/>
Have diabetes, chronic respiratory, cardiac, renal or neurological condition	<input type="checkbox"/>	Does your child have a fever over 38.5°C at the moment	<input type="checkbox"/>
Have an immunocompromising condition	<input type="checkbox"/>	Does your child have any allergies	<input type="checkbox"/>
Have haematological disorder	<input type="checkbox"/>	Has your child had a serious reaction to any vaccine	<input type="checkbox"/>
Aged 6 months – under 5 years	<input type="checkbox"/>	Does your child have a history of Guillain-Barre Syndrome	<input type="checkbox"/>

I have read and understood the information given to me about the flu vaccine including the risk of being vaccinated and the risk of not being vaccinated. I have been given the opportunity to discuss the risks and benefits. I consent for the child named below to receive the flu vaccine.

**Child's Surname:** \_\_\_\_\_ **Child's First name:** \_\_\_\_\_

**Date of birth:** \_\_\_\_\_ **Sex:** M / F

**Age:** \_\_\_\_ years \_\_\_\_ months **Address:** \_\_\_\_\_

**Phone:** \_\_\_\_\_ **Suburb:** \_\_\_\_\_

<b>Signature:</b> _____	<b>Your Name:</b> _____
	<b>Relationship to child:</b> _____

Knox City Council is responsible for immunisation services under the Public Health and Wellbeing Act 2008. Council is committed to protecting the privacy, confidentiality and security of personal information, in accordance with the Information Privacy Act 2000 and Health Records Act 2001. The data will be kept confidential and identifying information will not be disclosed to third parties. You can access your data by contacting Council's Health Services team.

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**HEALTH SERVICES DEPARTMENT - OFFICE USE ONLY**

**Vaccine:** Flu Jr  Flu(free)  Flu(paid)  **Nurse:** \_\_\_\_\_ **Date:** \_\_\_\_\_