

Influenza Vaccination Consent Form

Parent's Full Name: _____

Student's Full Name: _____
(Surname) (Given Name)

Influenza is a viral infection of the respiratory tract. It is highly contagious and occurs in Hong Kong throughout the year with seasonal peaks most commonly in February and March, sometimes July and August.

The flu viruses undergo mutation every year. So each year the World Health Organisation recommends the best combination to provide protection for the upcoming flu season. Vaccination targets the strains of each year, lowering the chance of infection. Protection period of the vaccination lasts for 1 year. (There will be one vaccination each year.)

A. Please note that any student suffering from any of the following conditions should not receive the influenza vaccine:

1. Fever or acute illness on the day of vaccination.
2. Known allergy to egg, chicken protein, neomycin, or influenza vaccine(s).
3. Having suffered from Guillain-Barre Syndrome.

B. If the individual receiving the influenza vaccine has one of the following conditions, please INFORM or CONSULT PHYSICIAN before signing this form:

- a. Immune-suppressed.
- b. Pregnant mothers are advised to consult the obstetrician before receiving the vaccination.

C. Most people receiving the influenza vaccine do not have any side-effects, but a small proportion of people may be observed to have the following short-term and/or mild side effects after vaccination.

1. Local reactions: erythema (redness), swelling or pain, lasting for 1-2 days.
2. Systemic reactions: mild fever, malaise or headache.
3. Allergic reactions: note that this situation is rare.

I, _____ (student's parent) have read and understood the above information concerning the contraindications, precautions and potential side effects of the influenza vaccination, and hereby:

(please put a ✓): agree disagree

to my child receiving the vaccination. I understand that the cost of this vaccination will be borne by Li Po Chun United World College, and I absolve Li Po Chun United World College of all liability, if any, arising out of this exercise.

(Parent's Signature)

(Date)