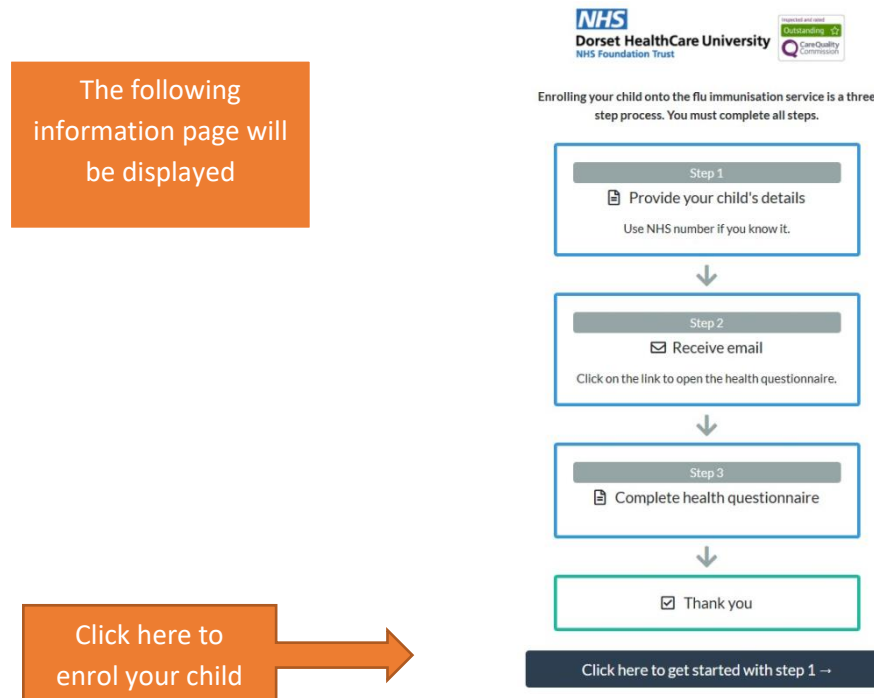


A complete visual guide to self-enrolment and online consent

Follow the link in the offer letter from school: <https://links.inhealthcare.co.uk/dorset-child-flu-imms>



If you know your child's NHS number you can enrol them using this plus their date of birth.

ENROLMENT
Complete this form to enrol your child onto the service.

Organisation Dorset Healthcare University NHS Foundation Trust

Service School Flu Immunisation
[Help and more information about this service](#)

YOUR CHILD'S DETAILS

First name ⓘ

Last name ⓘ

Date of birth (DD/MM/YYYY) ⓘ **Enter year in full**

Do you know your child's NHS number? ☒ Yes ⓘ ☐ No

NHS number ⓘ

Tick this box → ☒ I'm not a robot reCAPTCHA Privacy - Terms

If you do not know your child's NHS number you can enrol them using their full name, (this must match their GP record), date of birth and gender. A post code is optional

YOUR CHILD'S DETAILS

First name ⓘ

Last name ⓘ

Date of birth (DD/MM/YYYY) ⓘ ← Enter year in full

Do you know your child's NHS number? ☐ Yes ⓘ ☒ No

Gender ⓘ

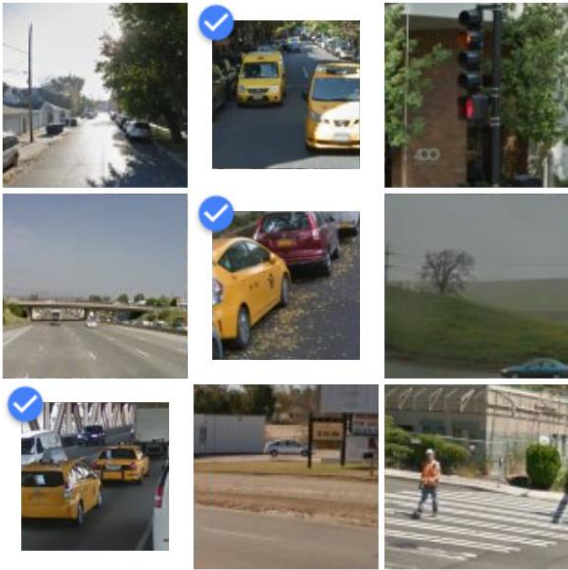
Postcode (optional) ⓘ

Tick this box → ☒ I'm not a robot  reCAPTCHA Privacy - Terms

When you tick the 'I'm not a robot' box you will need to select the relevant images:

Tick the pictures matching the description →

Select all images with **taxis**



← And click here

You will be asked to select a phone number or email to send a verification code to:

SUCCESS

We have found a match based on the details you've provided. In order for us to verify your child's identity, we now need to send a verification code using one of the contact methods shown below.

WHERE SHOULD WE SEND THE VERIFICATION CODE?

- ☐ Send an SMS to *****060
- ☐ Make a phone call to *****280
- ☐ I do not recognise any of these contact details

Select contact
method (partially
hidden for security)

And Click here

Submit

A verification code will be sent to your chosen e-mail or mobile number

ENTER THE VERIFICATION CODE

The verification code has been successfully sent!
Please enter it below to continue the enrolment process.

Enter verification
code here

Verification code

And Click here

Submit

You will receive a message confirming the enrolment was successful

✓ SELF-ENROLMENT REQUEST SUBMITTED

You have successfully requested self-enrolment for:

Organisation Inhealthcare Immunisations

Service School Flu Immunisation

Within a few minutes you will receive an e-mail with a link to the online consent form. You will receive the same e-mail if the Service needed to enrol the child for you:

The link will take you to the online consent form. Select school educated and enter the session code provided to you in the offer letter from the school.



Signed in as Guy Waddington ▾

Logout

Patient name WADDINGTON, Guy (Mr)
Date of birth 03-Mar-2014
NHS number 864 346 0885
About task Parent: Consent and Health Qs

HOME EDUCATED

Where is the child educated?

☒ Educated at school
☐ Educated at home

Select Educated at School

SESSION

Session code

Test_1

Enter session code shown in RED on offer letter here

Valid code

Select Year and Class from the list

Year group

Please select ▾

Class

Please select ▾

CONSENT STATUS

Do you wish for Guy Waddington to be immunised against flu by the Dorset HealthCare Immunisation service

☒ Yes
☐ No
☐ My child has already been immunised this academic year 2019 - 20

Confirm if you want your child to be immunised

Full name of person completing consent

Please confirm you have parental responsibility for Guy Waddington

☒ Yes

Confirm you have parental responsibility

Please complete ALL the health questions

HEALTH QUESTIONS

Has your child been diagnosed with a long term health condition (e.g. asthma)?

☐ Yes

☒ No

Has your child had a flu immunisation since September 2019?

☐ Yes

☐ No

Is anyone in your family currently having treatment that severely affects their immune system?

☐ Yes

☐ No

Has your child ever had a severe (anaphylactic) reaction to any previous vaccines, eggs or egg proteins?

☐ Yes

☐ No

Is your child receiving salicylate therapy e.g. Aspirin?

☒ Yes

☐ No

Please provide details

taking Aspirin tablets 500mg once a day

If your child has a health condition please add further details

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

Does your child have additional needs that may affect their vaccination?

☐ Yes

☐ No

Please confirm that the information you have provided is accurate and correct

☐ Yes

The child's clinical record will be updated with this information

Dorset HealthCare 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. [For further information on our Privacy Policy please follow this link](#)

[Click here to submit the completed form](#)

Submit

You will receive an email confirming the form has been submitted and the date of the school session where your child will be immunised.