

Fluenz booking form

If you would like an appointment at a community immunisation clinic during October half term for your child to receive the fluenz nasal spray, please complete the following form and identify your preferred clinic. Please return completed forms to wcnt.immunisation@nhs.net

| | |
|------------------------|--|
| Child's Name | |
| Child's DOB | |
| Child's School | |
| Parents Contact Number | |
| Parent's Email | |

| Date | Venue | Time | Preferred clinic (please X) |
|---------------------------------------|--------------|---------------------|-----------------------------|
| Monday 23 rd October 23 | Crewe | Afternoon | |
| Wednesday 25 th October 23 | Middlewich | Afternoon | |
| Thursday 26 th October 23 | Macclesfield | Morning & Afternoon | |
| Friday 27 th October 23 | Wilmslow | Morning & Afternoon | |

The immunisation team will be in touch once we have checked your child's details.

If we require you to complete a consent form we will e mail you the link.

Kind Regards

Cheshire East School Aged Immunisation Team