

### Fluenz booking form

If you would like an appointment at a community immunisation clinic 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](mailto:wcnt.immunisation@nhs.net) . Please ensure you have completed a consent form on line before returning this booking form. Once your child's details have been checked the Imms Team will e mail you an appointment.

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

Date	Venue	Preferred clinic (please X)
Wednesday 8 <sup>th</sup> November	Middlewich	
Wednesday 22 <sup>nd</sup> November	Middlewich	
Saturday 25 <sup>th</sup> November	Macclesfield	
Saturday 9 <sup>th</sup> December	Crewe	
Wednesday 13 <sup>th</sup> December	Middlewich	
Monday 18 <sup>th</sup> December	Macclesfield	
Wednesday 20 <sup>th</sup> December	Middlewich	
Thursday 21 <sup>st</sup> December	Wilmslow	

**If you have already completed a consent form, you DO NOT need to do another.**

**If you have not yet completed a consent form, you will be required to fill one in prior to receiving an appointment.**

Kind Regards

**Cheshire East School Aged Immunisation Team**