Conselleria de Salut
Direcció General de Salut Pública

Flu vaccination for students in the second cycle of pre-school education
This year, protecting your son or daughter starts in the classroom

This vaccine is part of the official vaccination schedule because children are one of the population groups that are most readily infected, as well as being one of the main spreaders of the flu virus. Therefore, vaccination is a way to protect children, to reduce the severity of the disease, and to protect other family members, especially those who are most at risk of complications, as well as the school environment.
To make access to it easier, vaccination is being offered in schools in the Balearic Islands. The vaccine used is intranasal, it is not injected. It is effective, safe, and well-tolerated, with few contraindications or side effects.
If you authorise it, your centre will inform you of the day, and it will be given during school hours.

Although the nasal vaccine is safe for most children, there are some cases in which it must not be administered:

1. Hypersensitivity to the active ingredients, to any of the excipients, or to gentamicin (the vaccine may contain traces).
2. Severe allergic reaction (e.g. anaphylaxis) to eggs or egg proteins (the vaccine may contain traces).
3. Clinical immunodeficiency due to immunosuppressive conditions or treatments (e.g. leukaemia, lymphoma, symptomatic HIV infection, cellular immune deficiencies and high systemic doses of corticosteroids).
4. Children receiving acetylsalicylic acid (aspirin) treatment.
5. Children with severe asthma or who currently have wheezing.

In these cases, it is recommended that the intramuscular flu vaccine be administered at your health centre (make an appointment).

Precautions: Avoid close contact for one to two weeks after vaccination with people who have severely weakened immune systems (e.g., bone marrow transplants who require isolation). Do not give acetylsalicylic acid (aspirin) to the child for four weeks after vaccination, unless medically indicated.

Child's details
Full name and surnames: _____
DNI/NIE/passport/CIP: _____ Date of birth:_____
Address (street, number, building, floor, and apartment): _____
City: _____ Postcode: _____ Phone 1: _____ Phone 2: _____
Type of healthcare: □ Public □ Mutual □ Private
School: _____

To have your child vaccinated at school, simply return this completed and signed form to the school when instructed.
AUTHORISATION
I, _____,
ID no. _____, acting in my own name and as the child parent/guardian,
(mark an X in the appropriate box)

☐ **I DO authorise** my child to be vaccinated against the flu at school and, if they do not have a medical record in the Health Service, one to be created in order to register the administered vaccine.

☐ **I DO NOT authorize** my child to be vaccinated against the flu at school.

Signature of the father, mother, or guardian: _____
Date: ___ / ___ / 2025

If you do not authorise the vaccination, please indicate the reason: □ Contraindicated □ Insufficient information received. □ Concern about side effects. □ Personal reasons. □ Postponed due to severe acute febrile illness, acute infection, or nasal obstruction (in this case, schedule an appointment at your usual health centre or vaccination site). □ I prefer vaccination at the health centre.

If your child has already received the flu vaccine in this 2025-2026 season, please indicate the date: ___ / ___ / 2025

FOR HEALTH PERSONNEL ONLY
Name and surname of the child: _____
□ Vaccinated against the flu.
Date of administration: ___ / ___ / 2025 Batch nº: _____
□ Not vaccinated against the flu—reason: □ Contraindications □ Not authorized □ Absent □ Postponed due to severe acute febrile illness, acute infection or nasal obstruction (in this case, schedule an appointment at your usual health centre or vaccination site).

This section must be kept by the family to attach to the child's health card.

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