



Flu vaccination at school (Preschool Education)

Dear Families,

This school year, we are once again offering the opportunity to have your child vaccinated against the flu at school.

- **What is the vaccine like?** It is a nasal spray, so no needle is required. It is safe, effective, and has almost no side effects.
- **Why is it important?** It protects the youngest children and prevents the spread of the virus at home and at school.
- **When is it NOT necessary to sign this document?**
Do not sign this authorization form—and instead schedule an appointment at your healthcare center (where they will administer the standard injection vaccine)—if your child:
 - Has a very weak immune system (immunodeficiency, leukemia, high-dose corticosteroids, etc.).
 - Takes acetylsalicylic acid (aspirine).
 - Has severe asthma or is currently wheezing.
 - Has a severe allergy to eggs or to any vaccine components (such as gentamicin).
 - Has already been vaccinated during this flu campaign.

After vaccination, please avoid close contact between the child and individuals with severely weakened immune systems for one to two weeks.

DETAILS AND AUTHORIZATION

Student Details

Full name:

ID (DNI/NIE): CIP (Health Insurance Card):.....

Date of birth: / / Phone number:

Address: Town/City: Postal Code (ZIP):

Authorization (father, mother, or legal guardian)

....., with ID number (DNI/NIE).....,

☐ **YES**, I AUTHORIZE my child's vaccination at school.

☐ **NO**, I DO NOT AUTHORIZE my child's vaccination at school (please check the reason):

☐ I will have them vaccinated at the healthcare center.

☐ They have already been vaccinated this year (indicate date): ____ / ____ / 2026

Signature: _____ Date: ____ / ____ / 2026