

## School Age Immunisation Service

### Childhood Flu Immunisation

# Asthma Information

- If your child has **severe asthma** which has required intensive care and/or takes **steroid tablets** (or requires the injectable vaccine) please contact us.
- After you have submitted your consent, in the **three days** prior to the immunisation session, please let us know if your child:
  - has taken **steroid** tablets because of their asthma
  - has had their **asthma medication** increased
  - has increased **wheezing**
- If your child is **absent** or **unwell** on the day of the vaccinations, we will contact you to offer you a clinic appointment.

If you require further advice or information, please contact the School Immunisation Team:

**Tel: 0300 555 5055**