September 20__

Dear Parents/Guardians:

The _______Public Schools and the _______ Board of Health are working with your child’s school to give the seasonal influenza vaccine to children at school. This vaccine will protect against all four influenza strains that are expected to circulate this year. We will hold vaccination clinics this fall on (DATE). There will be no cost to you for this vaccine. Please note that only flu shots will be available this season.

The vaccine consent form includes options allowing you to either accept or refuse the vaccination for your child. If you refuse, the vaccination will not be given to your child.

If you consent to allow vaccination for your child, please do the following:

- **Read the Vaccine Information Statement (VIS)** included with this letter about the disease and the vaccines available.
- **Sign and date** the included consent form to accept vaccination for your child. *If the Consent Form is not signed, your child will not be vaccinated.*
- **Complete the Student Information and Insurance Information** located on both sides of the Form
- **Return the Form** to your child’s school no later than (DATE).
- **If you accept vaccination,** the vaccine will be given to your child during the flu vaccination clinic on the scheduled date.

If, at any time, you change your mind about having your child vaccinated, please contact the nurse at your child’s school. She will instruct you to submit a letter stating you do not give consent to vaccinate your child.

If you have any questions about the vaccine or the vaccination clinics, please call the _______ Board of Health at (phone #) from 9 AM to 4 PM Monday through Thursday, or email health@yourtown.org. For more information especially for parents, visit the CDC’s influenza web site at http://www.cdc.gov/flu/parents.

Sincerely,

Nurse Leader, _______Public Schools

Public Health Nurse, _______ Board of Health