



(SCHOOL HEADER)

\_\_\_\_\_ School will be having an influenza vaccination clinic during the month of \_\_\_\_\_. Please read the Vaccine Information Sheets attached to this letter and complete the attached Health Screen & Permission Form and return to the school by \_\_\_\_\_.

If for some reason our school needs to change these dates, you will be notified when the clinic will occur.

**Reminder:** Some children 6 months through 9 years of age may need 2 doses of vaccine this year.

Please see the Information Sheet for Parents to determine if your child will need 2 doses.

**If you do not fill out this permission form completely, your child will not be given the vaccine at the school clinic.** Please see the Fact Sheet for Parents about the advantages to having your child vaccinated in the school clinic setting.

For information about flu and the vaccine go to [www.maine flu.gov](http://www.maine flu.gov), or [www.flu.gov](http://www.flu.gov).

For questions about flu or the vaccine, call Maine Center for Disease Control & Prevention (Maine CDC) at 1-888-257-0990, Monday – Friday 9 a.m. – 5 p.m., or send an e-mail to

[flu.questions@maine.gov](mailto:flu.questions@maine.gov).

For questions about the vaccine clinics at our school, please call the school nurse at \_\_\_\_\_.

**OPTIONAL:** *Parents are encouraged to attend these clinics with their child.*

Sincerely,

***Please be sure to complete and return the Health Screen & Permission form.***