**Content of School Notice to Parents/ Guardians (draft) (For reference only)**

Schools may communicate with participating doctors for agreeing on issuing a notice to Parents/ Guardians before drafting the notice. Regarding the content of the notice, schools have to seek advice from the participating doctor on the necessary amendments, additions or deletions.

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Dear Parents/ Guardians of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Name of student / Class),

**Free Seasonal Influenza Vaccination at School (2nd Dose)**

Our school has participated in the Enhanced Vaccination Subsidy Scheme (VSS) Outreach Vaccination of the Department of Health in the School Year 2018/19, the enrolled doctor [Name of the doctor\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_/ medical organization (if applicable): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_] participating in the scheme has provided **free Quadrivalent inactivated/ Trivalent inactivated/ Quadrivalent live attenuated \*** seasonal influenza vaccination (SIV) to your child/ ward at our school today.

According to the assessment of the vaccination team: Your child/ ward is under 9 years old and has never received any SIV before, to ensure adequate immunity against seasonal influenza, your child/ ward is recommended to receive 2 doses of SIV with a minimum interval of 4 weeks apart.

The doctor/ medical organisation will arrange the vaccination team to re-visit our school on \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(date) to provide the **2nd Dose** offree **Quadrivalent inactivated/ Trivalent inactivated/ Quadrivalent live attenuated \*** seasonal influenza vaccinationto your child/ ward.

Please read the information of this notice carefully, and **fill in (1) the “Consent to Use Vaccination Subsidy” Form and (2) the Seasonal Influenza Vaccination Health Assessment Form** and return the forms to our school upon completion by \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(date).

For enquiries, please contact our school / the doctor/ medical organisation during office hours.

Contact phone number of our school:

Contact phone number of the doctor/ medical organisation:

Note: \* Please delete as appropriate

XXXX School

 Date :