## **Residential Care Home Vaccination Programme**

(Name o	of the Resident, to be filled by the RCCC)
(Date of	f issue of the Notice, to be filled by the RCCC)
· ·	dministration of Seasonal Influenza Vaccine of a Residential Child Care Centres (RCCC)
(name of the RCCC, to be filled by the receiving the 2025/26 Seasonal Influen	ently receiving service in
serious illness or even death should administration of vaccine to the reside Objection to the Administration of Se Residential Child Care Centre concernissue of this Notice, to be filled by administration of influenza vaccine to	stood that not receiving vaccination will increase the risk of the resident get influenza infection, but object to the ent nonetheless, please return the completed "Reply Slip – easonal Influenza Vaccine to a Children and Teenage of a ed¹ before (two weeks from the date of the RCCC) to indicate that you clearly object to the to the above-named resident. Otherwise, the doctor will named resident as necessary and appropriate based on the
For enquiries, please contact the F	RCCC staff concerned.
Department of Health (DH) 2025 (Letter to be issued by RCCC on behal	f of DH)

The parent/guardian/relative may return the Reply Slip to the RCCC concerned by their normal means of communication (e.g. in person, SMS, mail, fax or e-mail etc.).