(School/ Organization Logo)

(Date)

Dear Parents/Guardians:

Flu season is right around the corner! This fall the (School District) will be working with the Pathways to SmartCare ***Vaccine For Students Program*** to help protect our students against the flu. Vaccination is the best way to prevent the flu and to keep your child healthy and in school this flu season. Though it is not required, we hope that offering the vaccine at school will make it easier for you to get flu protection for your child.

The flu vaccine is approved by the US Food and Drug Administration and recommended by the Centers for Disease Control and Prevention (CDC). This is the same flu vaccine that is given in the Doctor’s Office.

**The CDC strongly recommends that everyone 6 months of age and older get the flu vaccine.**

Flu can be a very serious illness causing fever, chills, headache, extreme tiredness and body aches. The illness can lead to an extended time of absence from school or even hospitalization. Flu is also very contagious and can be easily spread to others in the home including grandparents, younger siblings or babies.

**All children are eligible to receive a flu vaccination**. If your child is covered by private health insurance, Pathways to SmartCare will bill the child’s health insurance directly for the flu vaccination. Parent/Guardians will not be billed for any amount unless the insurance company does not pay.

Students covered by a Medicaid health insurance plan or those without health insurance coverage can still participate at the cost of $25. Cash, checks or credit cards are accepted.

**The Flu Vaccine will be offered at (Location) on (Date) at (Time).**

**If you would like your child to receive a flu vaccination at school please do the following:**

**1) Complete the attached Inluenza Vaccination Consent Form and Record. The health questions will help to decide if your child should receive the flu shot. If you have any questions it is always good to ask the child’s health care provider.**

 **2) Please return the completed form by (Date) to the School Nurse. The completed Consent Form must be received in order to vaccinate your child.**

**3) Please inform the School Nurse of any of the following prior to the vaccination clinic:**

* **If you decide you no longer want a flu vaccine for your child**
* **If there are any changes in your child’s health**
* **If your child receives any medications or vaccines within 30 days of the clinic**

If you have any questions about please contact the (School Nurse) at (phone number ).

***FLU SHOTS WILL BE AVAILABLE FOR PARENTS/GUARDIANS TOO!***