Dear Parents/Guardians:

We know that as parents you want to do everything possible to make sure your children are healthy and protected from preventable diseases. Did you know that vaccinations are the best way to prevent your children from getting many diseases? Vaccine protection for flu and other diseases will be made available to your children at school.

**The Centers for Disease Control strongly recommends that everyone 6 months of age and older get the Flu vaccine each fall.**  Vaccination is the best way to prevent the flu and to keep your child healthy and in school this flu season.

As you are aware, **The PA Dept. of Health requires that all students entering 7th grade** be immunized with the following vaccines. These vaccines will also be offered at school:

* **1 dose of Tdap**  protects against Tetanus, Diphtheria, & Whooping Cough (Pertussis)
* **1 dose of Menactra** protects against Meningococcal disease (Strains A,C, W, Y)

Since protection decreases over time, a **booster dose** **of Menactra is recommended for high school students age 16 through 18.** In addition, a new vaccine that protects against seriousillness fromthe **Meningococcal “B”** **strain is also recommended for High School Students**.

The meningococcal vaccines ensure that your teen will continue to have protection during the high school and college years when they are at highest risk of meningococcal disease.

* **Booster dose of Menactra** offers continued protection against Meningococcal A,C,W, Y strains
* **2 doses of Bexsero** for protection against Meningococcal B strain

Immunization for protection against **Human Papillomavirus (HPV)** is also **strongly recommended** for **middle and high school boys and girls**. A three dose series of the HPV vaccine, **Gardasil 9**, **helps to prevent children from developing HPV related Cancers.** (Cervical, Penile, Throat) Please protect your children against the potential consequences of HPV by considering the following immunization which will also be offered at school:

* **3 doses of Gardasil 9** protect against Human Papillomavirus related cancers.

Catch-up for **Varivax** (Chicken Pox) and **MMR II** (Measles, Mumps, Rubella) will also be available.

**All children are eligible**. If your child is covered by private commercial health insurance, the child’s health insurance will be billed directly. Parents/Guardians will not be billed for any amount unless the insurance company does not pay. Students covered by Medicaid or without health insurance coverage can also participate. Cash, checks or credit cards will be accepted for those students with Medicaid or with no health insurance coverage.

**Vaccines will be administered at (school) on (date) at (time).**

If you would like your child to receive any of these vaccines at school please do the following:

1. Complete the attached Vaccine For Students Consent Form and Record.
2. Please return the completed form by (date) to 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 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 please contact the (school nurse) at (phone number)**