LOGO APPENDIX C: Sample Letter To Parents
ADDRESS

DATE

Dear Parents/Guardians:

This season we want to help protect our student body from the H1N1 flu by offering **FREE H1N1 flu vaccination**. The H1N1 flu vaccine is recommended for children and young adults between the ages of 6 months and 24 years. Flu vaccination is the single best way to help prevent your child from getting and spreading the flu.

Children are recommended to receive the H1N1 flu vaccine for the following reasons.

- The H1N1 flu is making many children sick enough to miss class, after school activities, or even be hospitalized. Rarely, even healthy children have died from flu complications.
- Children can also spread the flu to people in the home who could get very sick from the flu, such as grandparents, younger siblings, or babies.

We will host a school-based vaccination clinic on XXXXX between the hours of X and X. This vaccine is available at no charge to you. Children nine years of age and younger will need two doses of vaccine given 4 weeks apart. A second clinic will be held later in the season for children who need a second dose of flu vaccine.

Attached you will find the following:

1. Parental Consent Form that will allow your child to be vaccinated against the H1N1 flu at school. You should realize that if you check the box on the consent form that says that your child should only receive a specific type of vaccine (e.g. only nasal spray OR only flu shot) that your child may not receive the 2009 H1N1 vaccine if that vaccine type is not available when the vaccination clinic is held. If, at any time, you change your mind about having your child vaccinated, you can [INSTRUCTIONS ON HOW TO WITHDRAW CONSENT].
2. Vaccine Information Sheet for both the flu nasal spray and shot.

PLEASE NOTE - Your child can not receive the nasal spray version of the H1N1 vaccine if any of the following conditions apply to your child:

- Your child has received any of the following vaccines within the past 30 days;
  - Measles/Mumps/Rubella (MMR)
  - Varicella
  - Seasonal influenza nasal spray (NOT the flu shot)

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- Your child has an illness such as chronic heart disease, lung disease (such as asthma), kidney disease, liver disease, muscle or nerve disease (such as seizures), diabetes (blood sugar problems), blood disease (such as sickle cell anemia);

- Your child visits someone who requires care in a protected environment (e.g., in isolation at a hospital); or

- Your child is pregnant.

Your child will not be vaccinated if we do not receive a complete and signed consent form.

If you have any questions about the vaccine or the vaccination clinics, please call: xxx-xxx-xxxx from X AM to X PM. Your child's health care provider can also answer your questions about the 2009 H1N1 influenza virus. You may visit the CDC's 2009 H1N1 influenza web site at http://www.cdc.gov/h1n1flu/parents for more information.

Sincerely,

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