______________________________ School will be having an influenza vaccination clinic during the month of _______________. The influenza vaccine will be available at no cost to your child.

Please read the Vaccine Information Sheets attached to this letter and complete the attached Influenza Vaccine Health Screen & Permission Form and return to the school by ________________.

✓ You will be notified if there is a change in the planned dates of school flu clinics.
✓ **Reminder:** Some children less than 9 years of age may need 2 doses of flu vaccine this year.
✓ Please see the Information Sheet for Parents to determine if your child will need 2 doses.
✓ Please see the Vaccine Information Statement and the *School-Located Vaccine Clinic Fact Sheet* for parents about the advantages of having your child vaccinated at school.


For questions about the flu vaccine call Maine Center for Disease Control & Prevention/Maine Immunization Program at 1-800-867-4775, Monday – Friday: 9:00 a.m. – 5:00 p.m.

For questions about the vaccine clinics at our school, please call the school nurse at ____________.

**OPTIONAL:** *Parents are encouraged, but not required, to attend these clinics with their child.*

Sincerely,

*Please be sure to complete and return the Influenza Vaccine Health Screen & Permission form!*