**School Located Vaccination Clinic Announcement**

**(Sample Letter)**

*{SCHOOL LETTERHEAD}*

Date:

Dear \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

{*Name of School*} will be hosting a vaccination clinic at school this year. This clinic will offer the following vaccine (s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

This/these vaccines will protect your child against: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ and will be available at no cost to you or your child. We will hold vaccination clinics on the following dates:

{*Dates of Clinic*}

You will be provided more information about the available vaccines and the disease against which they offer protection. You will be asked to complete a form that will include options allowing you to either accept or refuse the vaccination for your child. If you refuse, the vaccination will not be given to your child.

{*Be sure to provide Vaccine Immunization Statements for any vaccine offered or any other details needed*}

For questions about any vaccine or vaccine preventable disease, call Maine Center for Disease Control & Prevention/Maine Immunization Program at 1-800-867-4775.

For questions about the vaccine clinics at our school, please call your School Nurse, {*Contact Information}.*

Sincerely,