SLIV Toolkit: Newsletter Blurbs

**Spring Preview**

Next fall our school will be hosting a school based flu vaccination program called [PROGRAM NAME] to try and reduce flu in our community. [PROGRAM NAME] is coordinated by [PARTNERS]. All [RECIPIENTS] at our school are eligible to receive a free flu vaccine through [PROGRAM NAME], regardless of insurance. Participation is optional and only participants with a completed consent form will be vaccinated.

This is a safe, easy and convenient way to protect your student from the flu and we are excited to be able to provide this service to our families. Stay tuned next Fall for more information and have a relaxing summer!

**Start of school**

Flu season is around the corner and this fall our school will be hosting a school based flu vaccination program called [PROGRAM NAME] to try and reduce flu in our community.

**All [RECIPIENTS] are eligible to receive a flu vaccine through** [PROGRAM NAME]**. The vaccine is free, regardless of insurance, and is the same vaccine given at any health care provider’s office**. The [FORMULATION(S)] will be available and [PROGRAM NAME] will have enough flu vaccine for all [RECIPIENTS] with completed consent forms.

Consent forms will be distributed in [MONTH]. A day will be held here at school in [MONTH]. Flu vaccine will be administered by [VACCINATORS]. All you will need to do is complete the consent form. Participation is optional - only participants with a completed consent form will be vaccinated.

Remember to check-in with us for our scheduled [PROGRAM NAME] day! For more information visit [WEBSITE] or call [PHONE NUMBER].

**After consent delivery**

[PROGRAM NAME] is here! Consent forms on [COLOR] paper for [PROGRAM NAME] were sent out earlier this week. As a reminder, [PROGRAM NAME] offers free flu vaccine to [RECIPIENTS], regardless of insurance. Participation is optional. Please only fill out the [COLOR] consent form if you want your student to get a flu vaccine and please make sure to fill out all questions.

The flu vaccines will be given by [VACCINATORS] at school on [DATE]. Please turn in your student’s consent form by [DATE]. If you have questions or need more information, please call [CONTACT NAME] at [CONTACT PHONE NUMBER] or email [CONTACT EMAIL].

We also need volunteers to help on the day of vaccination. Please contact [SCHOOL CONTACT] if you are able to help.