SLIV Toolkit: School Leadership Communication to Parents and Guardians

**Preview**

Dear Parent/Guardian,

This fall, our school will be participating in [PROGRAM NAME], a program that offers free flu vaccines to [RECIPIENTS]. A [PROGRAM NAME] Vaccine Day will be held here at school for one day in [MONTH] for your student to be vaccinated by trained [VACCINATORS].

Consent forms will be distributed in [MONTH] to your student to bring home. If you would like for your student to be vaccinated against the flu, please complete the consent form and return it with your student for the school front office or teacher to collect. Participation is optional, and only students with completed consent forms will be vaccinated.

The Centers for Disease Control and Prevention (CDC) recommends that everyone 6 months of age and older get a annual flu vaccine. Research shows that school based influenza vaccination programs are associated with increased flu vaccination rates and reduced flu-like illness and absenteeism during flu season. We are excited for this opportunity to keep our school community healthy and our students in school to learn.

Stay tuned for more information this coming fall.

Signed,

**Start of School Year**

Dear Parent/Guardian,

This fall, our school will be participating in [PROGRAM NAME], a program that offers free flu vaccines to [RECIPIENTS]. School based flu vaccine programs have been shown to increase immunization rates and are associated with reduced flu-like illness and absenteeism. Below are more details about the program:

* **All students ages [AGE] and older are eligible to receive a free flu vaccine through [PROGRAM NAME]** with a completed consent form.
* This year the [FORMULATION] vaccine is recommended. We will have [FORMULATION] available.
* Participation is optional - only fill out a consent form if you want your student to be vaccinated.
* The vaccines are free, **regardless of insurance**. There is enough vaccine for anyone who would like to participate.
* The vaccines will be given by [VACCINATORS], at school and during [HOURS].
* All medical questions must be answered for your student to be vaccinated, so be sure to answer them all.

**Look out for the [COLOR] consent forms that will be sent home with students in the coming weeks.** Return completed and signed consent forms to school if you want your student vaccinated. Vaccine Information Statements are available online, in the front office or you may request a copy be sent to you by calling [PHONE NUMBER].

For more information on [PROGRAM NAME], visit [WEBSITE] or call [PHONE NUMBER].