Saviour Lutheran School

2024-2025 Seasonal Influenza Vaccination Scheme

(Circular No.: E020/2024-2025)

Dear Parents/Guardians,

In correspondence with the Seasonal Influenza Vaccination School Outreach (Free of Charge) Programme coordinated by the Department of Health, the school has invited the United Christian Nethersole Community Health Service (UCNCHS) to conduct on-site vaccination of Quadrivalent Inactivated Influenza Vaccine (IIV) for students on **4/11/2024 (Mon)**. Influenza vaccination is voluntary. For details, please refer to the appendix on the "2024/25 Seasonal Influenza Vaccination School Outreach (Free of Charge) Programme" application form.

Kindly return the completed consent or non-consent form (please do not cut out the form) to class teachers **on or before 9/9/2024 (Mon)**. If you are applying for vaccination, kindly staple your existing influenza vaccination card (Seasonal Influenza Vaccination Card) to the consent form and return it together with the consent form. If you do not return this card, a new vaccination card will be used for the vaccination and can be kept for the next time.

Parents are welcome to participate in this seasonal influenza vaccination. Parents aged 50 or above and pregnant women are free of charge; parents under 50 years old ($120).

In addition, the Department of Health invites new students to participate in the eHealth Registration Program. Parents may complete the eHealth Registration Consent Form and return it to school.

For any enquiries, please contact school nurses Ms. Kung (primary section) and Ms. Ching (secondary section) at 27293929.

Yours faithfully,

Rev. Yeong Ling Wui
Principal
2nd September, 2024

✂----------**Reply Slip**----------✂

2024-2025 Seasonal Influenza Vaccination Scheme Reply Slip
Circular No. E020/2024-2025 (Please return to General Office)

To: Saviour Lutheran School

I am the parent of _____ (student name) of class _____,

I
- ☐ **consent** my child to take part in the vaccination scheme and have filled in the **Consent Form.**
- ☐ **do not consent** my child to take part in the vaccination scheme and have filled in the **Refusal Form.**

The following family members would also like to take part in the vaccination scheme:

1) ( ) persons at or over the age of 65 (free of charge)

2) ( ) persons at or over the age of 50-64 (free of charge)

3) ( ) pregnant women (free of charge)

4) ( ) persons under the age of 50 ($120 per person)

Parent's signature: _____

Date:_____September, 2024