



Saviour Lutheran School
2025-2026 Seasonal Influenza Vaccination for Students

(Circular No.: E041/2025-2026)

Dear Parents/Guardians,

In order to coordinate with the 2025/2026 Seasonal Influenza School Outreach Programme promoted by the Department of Health, the school has invited the United Christian Nethersole Community Health Service (UCNCHS) to conduct on-site seasonal influenza vaccination for students. Details are as follows:

1. Date: 10th November, 2025 (Monday)
2. Time: 9:30 a.m.-12:00 noon
3. Vaccine: Trivalent inactivated influenza vaccine – Sanofi (Vaxigrip)

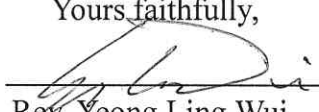
Please note the following:

- Persons with the following conditions should not receive the vaccination of trivalent inactivated influenza vaccine – Sanofi (Vaxigrip): Hypersensitivity to the active substances, to any of the excipients or to any component that may be present as traces such as eggs (ovalbumin, chicken proteins), neomycin, formaldehyde and octoxinol-9.
- If students do not have Hong Kong Birth Certificate number or Hong Kong Identification Card number, parents must attach copies of other identification documents (to be attached to the consent form and handed in to the school). Students who are not able to present an identification document copy will not be able to receive vaccination at school.
- All vaccine recipients who are aged 18 or over must be registered on eHealth, recipients who fail to do so will not be eligible for vaccination. If students will turn 18 before 31st December, 2025 and are interested in receiving vaccination, students must complete part III(C) and consent to the registration of eHealth to be eligible for vaccination.
- Students are not required to hand in any vaccination record to school this year. Influenza vaccination record will be distributed after vaccination.

The influenza vaccination scheme is entirely on a voluntary basis. Regardless of whether students will participate in the vaccination scheme, students should complete and hand in the Seasonal Influenza Vaccination School Outreach Programme – (Yellow) Consent/Refusal Form. Please keep the entire form intact and hand in to class teachers.

For any enquiries, please contact the school nurses Ms. Kung (primary school) or Ms. Ching (secondary school) at 2729 3929.



Yours faithfully,

 Rev. Yeong Ling Wui
 Principal
 21st October, 2025

-----**Reply Slip**----- ✂

2025-2026 Seasonal Influenza Vaccination for Students

Circular No. E041/2025-2026 (Please return to Ms. Chow at General Office)

To: Saviour Lutheran School

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

- I consent my child to take part in the Seasonal Influenza Vaccination Scheme, and have completed the consent part of the consent form by the Department of Health.
- do not consent my child to take part in the Seasonal Influenza Vaccination Scheme, and have completed the refusal part of the consent form by the Department of Health.

Parent's signature: _____