



Your Growing Healthy Team are here for all children and young people, providing support, encouraging healthy lifestyles and protecting those who are most vulnerable.

Childhood.immunisations@hdfn.nhs.uk

01423 542360

September 2018

Dear Parent/Guardian of children who will be attending Reception to Year 5 from September 2018.

School Name – Cliffe

Please visit this online form to consent for your child to receive their flu vaccine in the new school term 2018 / 2019. This consent must be completed by the end of September, to ensure we can vaccinate your child in school.

Please enter the year group which your child will be in, as of September 2018.

If you do not know the class or teacher name please leave blank.

You will be asked to enter a secure school code: 6QV6P

www.hdfn.nhs.uk/flu-consent

This vaccination programme is in place to help protect your child against flu. Flu can be an unpleasant illness and sometimes causes serious complications. Vaccinating your child will also help protect more vulnerable friends and family by preventing the spread of flu.

Please complete the online form (one for each child) as soon as possible. Please ensure you read and understand all the information before you complete the online form. Please visit <https://www.hdfn.nhs.uk/services/childhood-flu-programme/> for more information about the flu vaccination.

The vaccination is free and recommended for young children, and will be given by a quick and simple spray up the nose. Please go to the website shown above which includes details about the small number of children for whom the nasal vaccine is not appropriate. Please ensure you read and understand the information before completing the online form. If you have any queries please contact the childhood Immunisation team on the above number.

Last year, most children offered the vaccine in schools had the immunisation. **Please note the team will be in contact via email to confirm and to contact you in the autumn term to confirm school dates, and any further information regarding the vaccination.**



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Yours sincerely,

A handwritten signature in black ink, appearing to read 'Lois Alderson'.

Lois Alderson

Clinical Lead for childhood immunisation's in North Yorkshire and City of York

If you decide you do not want to vaccinate your child against flu, please complete the consent form giving the reason. This will help us plan and improve the service.