

Dear Parent/Guardian,

Akron Children's School Health Services provides the nursing staff within your school district. Our highly trained and experienced nursing and medical staff are here to help keep your child stay healthy at school. Keeping up with vaccinations is important and we can help make sure your child gets what they need to stay healthy and strong. With your permission, the Influenza (Flu) Vaccine can be administered to your student during the school day on **WEDNESDAY OCTOBER 2nd 2024**. Flu Vaccines are covered by most insurances, and no cost for those who are uninsured. **Please check with**

your insurance provider to confirm vaccine administration is a covered service at school. Participation is voluntary. Only students with parent/guardian completed consent form can receive the Flu Vaccine. If we are unable to vaccinate your child at your scheduled vaccine clinic day, your student will be automatically placed on the make-up day (if scheduled). You will be notified of that date if not listed below.


Please return this letter AND the attached consent form by: Wednesday 9/25/24

More information about the Flu vaccine can be found by scanning the QR code.

Who should receive the Influenza (Flu) Vaccine?

All students are eligible to receive the Flu vaccine.

I would like my student to receive the below vaccine **(please check mark)**

Influenza (FLU)		Flu Information Clinic Date: _____	Lot EXP NDC LARM RARM
Student's Name: _____		Student's Date of Birth: _____	
Has your child received any vaccines in the past 4 months including Flu, Covid, or any age specific vaccines?		<input type="checkbox"/> YES <input type="checkbox"/> NO	
Parent Guardian Signature: _____		Date: _____	
Parent Guardian Name (printed): _____			
Student's School Building: _____			
Date of Scheduled Flu Vaccine Clinic: _____			

How can my student participate?

Return this form **and** attached completed consent form by **WEDNESDAY 9/25/24**.

If you have additional questions, please contact the School Based Health Center at 330-543-7242.

We hope to see your student in the clinic!

SHS District Nurse Use Only: District Nurse: _____	ImpactSiiS Reviewed for Accuracy <input type="checkbox"/> Date: _____	School Records Reviewed for Accuracy <input type="checkbox"/> Date: _____
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