

Dear Parents/Carers,

We will attend school to vaccinate students with the Seasonal Flu Vaccine.

Please copy this link <https://www.sheffieldchildrensvaccinations.co.uk/Forms/Flu> to complete the consent form. The option to consent or decline the vaccination is at the end of the questionnaire so please complete this even if you do not want your child to have the vaccination.

Your unique school code for **Stradbroke** is **SF107093**

**Vaccination date: 26/09/2023**

**Deadline for sending your consent/refusal: 25/09/2023 @ 8:30am**

For more information about the vaccination please visit website:

<https://www.nhs.uk/conditions/vaccinations/child-flu-vaccine/>

If you experience any problems, please contact the School Age Immunisation Service:

**Admin:** 0114 3053291

**Nurses:** 0114 3053230

**Email:** [scn-tr.sheffielddutysn.vacandimm@nhs.net](mailto:scn-tr.sheffielddutysn.vacandimm@nhs.net)