

Parent/Guardian of: [patient's name]

[Full address including postcode]

Date

Dear Parent/Guardian of [patient's name]

Your child's annual flu vaccination is now due. The flu vaccination is free and will be given by a quick and simple spray up the nose. The vaccine has an excellent safety record.

Flu can be a very serious and unpleasant illness particularly for the young and elderly. If your child is vaccinated they will be less likely to get ill and are also less likely to spread the virus to their family and friends.

Pre-school children aged 2 and 3 years will be offered vaccination at your usual Doctors / practice surgery between September and December. **Please phone your practice to book an appointment for your child's flu vaccination.**

If you have older children in school year Reception to Year 5 you will receive information from your local school immunisation service offering the vaccination in your child's school. Your child will not be able to have the vaccine without your consent.

It is really important that your child gets flu vaccination to protect them and also prevent them from passing flu onto vulnerable friends or family members.

Yours sincerely

[CHIS representative's name]

[Position/title]

For more information visit: www.nhs.uk/flu-jab

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Please record the date and time of your vaccination appointment here and put it in an obvious place in your home or add a reminder to your mobile phone

Vaccination appointment: on: ____/____/____ at _____am/pm