

Flu Shot Clinic Notification

Dear Parents and Guardians,

We are pleased to inform you that our school will be hosting a flu shot clinic on **[Date]** from **[Start Time]** to **[End Time]** in **[Location]**.

The clinic aims to provide students with the necessary flu vaccinations to help keep our community healthy this flu season. Participation is voluntary, and we encourage you to take advantage of this opportunity.

Please fill out the attached consent form and return it by **[Due Date]**. If you have any questions, feel free to reach out to the school nurse at **[Contact Information]**.

Thank you for your attention and cooperation.

Sincerely,

[Your Name]

[Your Position]

[School Name]

[School Contact Information]