

Flu Vaccination Clinic Invitation

Dear Parents and Guardians,

We are pleased to announce that our school will be hosting a Flu Vaccination Clinic on **[Date]** from **[Time]**. This important event is part of our ongoing commitment to the health and well-being of our students.

The clinic will be conducted by qualified healthcare professionals and will take place in **[Location]**. We encourage all students to participate to help protect themselves and their classmates during the flu season.

Please fill out the consent form attached and return it to the school office by **[Deadline]**.

If you have any questions, feel free to contact us at **[Contact Information]**.

Thank you for your cooperation.

Sincerely,

[Your Name]
[Your Position]
[School Name]