

Influenza Vaccination Consent Request

Dear Parents/Guardians,

We are committed to ensuring the health and safety of our students. As part of our efforts, we are offering the influenza vaccination for students this upcoming flu season.

The influenza vaccine is a safe and effective way to protect your child from the flu and its complications. We strongly encourage you to consider this vaccination for your child.

Please complete the consent form below and return it to the school by **[Deadline Date]**.

Influenza Vaccination Consent Form

Child's Name: _____

Grade: _____

Parent/Guardian Name: _____

Contact Number: _____

Email: _____

I, the undersigned, consent to my child receiving the influenza vaccination.

Parent/Guardian Signature: _____

Date: _____

If you have any questions, please feel free to contact us at **[School Phone Number]** or **[School Email]**.

Thank you for your attention to this important health matter!

Sincerely,
[Your Name]
[Your Title]
[School Name]