

February 14, 2019



Dear Parents/Guardians:

The Care Center at Dobbs Elementary School would like to help protect our students from the flu this season by offering flu vaccinations. The flu is more than just a bad cold; the flu in adults and children can be serious, and generally the flu can cause students and staff to miss a significant number of days from school. The flu vaccine can reduce the number of days absent from school which can increase students' academic success. The Centers for Disease Control (CDC) and the Georgia Department of Public Health are recommending routine flu vaccines for all school-aged children (6 months to 18 years of age).

The vaccines for students will be at no cost to the student. However; the Care Center @ Dobbs Elementary School will bill your insurance company (we accept all insurance EXCEPT Kaiser and Pathways X) if your child receives a shot. Flu shots for adults are \$25.00.

Please be advised that children under the age of nine (9) years may require a second dose approximately one month after the first dose. If a second dose is determined to be needed for your child, the medical team at the Care Center @ Dobbs will send home a notice advising you on how and where to follow up.

Please understand that participation and receipt of the flu vaccine through this program is completely voluntary. Your child's healthcare provider can answer your questions regarding the influenza virus and is also able to give your child the seasonal influenza vaccine. For additional information, please visit the Center for Disease Control's influenza web site at <http://www.cdc.gov/flu/>.

We would like to thank you in advance for assisting us in keeping all of our students safe and healthy. If you have any questions, please do not hesitate to contact Nurse Jones at 404 228-6770 or your healthcare provider regarding the flu vaccine.

If you would like your child to receive the flu vaccine at Dobbs, please complete and send the bottom portion of this letter back to your child's teacher. Once your request is received, information will be sent home with your child for your review, including the consent form and vaccine information statement.

Sincerely,

Faith Jones
Provider for The Care Center @ Dobbs Elementary School

Student's Name: _____ Grade _____ Teacher: _____

Does your child have insurance? _____ Yes _____ No

Insurance Name: _____ Insurance ID _____

Medicaid _____ Parent's Phone Number _____

I, _____, am interested in receiving the informational packet and consent form for my review and completion allowing my child to receive the flu vaccination.

Parent's/Guardian's Signature: _____ Date: _____

