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|  | Notice of School Located Vaccine Event |  |  |

Date

Dear [Parents/guardians],

Vaccination is the best way to protect your student from this potentially serious disease. The [Lead Agency] is working with your student’s school to give the [COVID-19] vaccine at school. We will hold vaccination events beginning this [fall], and your student’s school will let you know the specific dates once vaccine is on hand. School staff will send you more information about the disease and the vaccine. They will also send you a form that will include options allowing you to either accept or refuse the vaccination for your student. If you refuse, the vaccination will not be given to your student.

Students are expected to need [two doses] of vaccine spaced about [3 weeks apart]. There will be no cost to you for this vaccine.

If you have any questions about the vaccine or the vaccination events, please call [xxx-xxx-xxxx]: () from [X AM to X PM]. Please visit the CDC’s website at <https://www.cdc.gov/coronavirus/2019-ncov/index.html> and <https://www.cdc.gov/coronavirus/2019-ncov/vaccines/index.html> for information especially for parents/ guardians. Your student’s health care provider also can answer your questions about the [COVID19] virus and will be able to give your student the seasonal influenza vaccine and may be able to give your student the [COVID-19] vaccine.

[Warmest regards],

[Staff Name]

[Doctor Name]

[Email address]:

