Jordan Road Government Primary School

2. 9.2024

Dear Parents,

Free Seasonal Influenza Vaccination at School

To encourage school children to receive seasonal influenza vaccination (SIV) at schools for health protection, and increase the vaccination rate among school children, the Department of Health (DH) is launching the Enhanced Vaccination Subsidy Scheme (VSS) Outreach Vaccination in the School Year 2024/25.

Our school will participate in this Scheme in this school year, and the outreach influenza vaccination service will be provided by the enrolled private doctor of the scheme. Please kindly note the following details.

Date	17th October, 2024 (Thursday)
Time	8:40 am - 12:30 pm
Venue	School Hall
Fees	Free of charge (students are eligible for free SIV programme)
Vaccination	Quadrivalent inactivated seasonal influenza vaccination
Medical Organization	Kinetics Medical & Health Group
Things to submit	1. For children who participate in the free seasonal influenza vaccination, except for the Hong Kong student ID card/Hong Kong birth certificate, copies of other identification documents are required. 2. The completed **blue**-coloured "2024/25 Seasonal Flu Vaccine School Outreach (Free) Consent Form / Refusal Form".
Remarks	1. Students who are allergic to chicken egg whites, eggs, flu vaccine or its ingredien as Neomycin, Gentamicin) should not receive the flu vaccine injection. 2. Students must have breakfast on the morning of vaccination. This will reduce the possibility of adverse effects. 3. In case of fever on the day of injection, the vaccination should be deferred till recovery.

Please read the information of this notice carefully, sign and return the blue-coloured **Consent Form** from the DH to the class teacher by 4th September, 2024 (Wednesday). **Late submissions will not be entertained.**

For enquiries, please contact our school or the medical organisation during office hours.
Contact phone number of teacher-in-charge at our school: Ms Chung at 2332 4249
Contact phone number of Kinetics Medical & Health Group: 2310 2997

Parents please sign the eNotice on or before 4/9 (Wed). Thank you.

(Cheung Hoi-lan)
Headmistress

2024/2025 School Notice No.2

Jordan Road Government Primary School
Reply Slip

Dear Headmistress, Date: _____

Free Seasonal Influenza Vaccination at School

I have read the School Notice No.2 and I fully understand their content.

* ☐ My child **will join** the scheme. I hereby attach the Consent Form from the DH.

☐ My child **will not join** the scheme.

Class _____ Name _____( ) Parent's Signature_____
Parent's Name: _____

**Please put a '√' in the appropriate box.*

Tick this box
if parents agree for SIV

SAMPLE

【Consent Form】

Please return to School once completed

2024/25 Seasonal Influenza Vaccination School Outreach (Free of Charge) – Injectable Vaccine

Please complete this form in BLOCK LETTERS with a blue or black **pen** and put "✓" into the appropriate box(es).

☑ **I have read and understood the appended information, including contraindications, and [agree] for my child (named below) to receive the seasonal influenza vaccination (1st AND 2nd doses*) as arranged by the Department of Health (DH) in year 2024/25 and for school to release the related information to the vaccination team arranged by the DH for verification when necessary.**

[*DH will arrange 2nd dose of seasonal influenza vaccine (SIV) at least 4 weeks after the 1st dose for children who are under 9 years old and have never received any SIV before.]

Has your child received SIV in the past? ☑ Yes (Last administration date: 10 / 2018 (MM/YYYY) ☐ No

School Name: Heung Shing Primary School Class: 2A Class no.: 2

Student's Full Name: (Surname) Chan (Given name) Siu Ming

Date of Birth: 13 / 06 / 2012 (DD/MM/YYYY) Gender: M

Identity Document:

☐ Hong Kong Birth Certificate Document no.: | | | | | | | | | ( )

☑ Hong Kong Identity Card Document no.: | | A | 1 | 2 | 3 | 4 | 5 | 6 | (7)

(Date of Issue: 09 / 08 / 14) (DD/MM/YY)

☐ Others (Please attach a copy of the identity document)

Signature of Parent/ Guardian : & Name of Parent/ Guardian : Lee Yat Sum

Contact number (mobile) : 9876 5432 Date : 07/09/2024

Choose **one** of the followings:

1) HK Birth Certificate: fill in the Document no.
2) HKID card: fill in the Document no. and Date of Issue
3) Others: attach a copy of the identity document

【Refusal Form】

2024/25 Seasonal Influenza Vaccination School Outreach (Free of Charge) – Injectable Vac

☐ **I have read and understood the appended information, including contraindications, and [disagree] for m (named below) to receive the seasonal influenza vaccination as arranged by the Department of Health (DH)**

Student's Full Name: _____ Gender: _____ Class: _____ Class no.: _____

Signature of Parent/ Guardian: _____ Name of Parent/ Guardian: _____ Date: _____

To be filled in by the healthcare worker providing the vaccination

First dose vaccination day

☐ Seasonal influenza vaccine was provided to the student
☐ Seasonal influenza vaccine was **NOT** provided to the student as the student:
- ☐ was absent from school ☐ refused vaccination
- ☐ had physical discomfort [e.g. flu symptoms/ fever (body temperature_____°C)/ others_____]
- ☐ others (please specify: _____)

The above reason(s) was informed by _____ (teacher/ staff).

Follow-up: ☐ "Notification to Parents" was given to parent/ guardian concerned (via school) for reminding them to arrange the vaccination at their family/ private doctors' clinics.

Name of Medical Organisation: _____
Name of Doctor: _____ Date: _____
Signature of Vaccination Staff: _____
Name of Vaccination Staff: _____
Remarks:

Second dose vaccination day

☐ Seasonal influenza vaccine was provided to the student
☐ Seasonal influenza vaccine was **NOT** provided to the student as the student:
- ☐ was absent from school ☐ refused vaccination
- ☐ had physical discomfort [e.g. flu symptoms/ fever (body temperature_____°C)/ others_____]
- ☐ others (please specify: _____)

The above reason(s) was informed by _____ (teacher/ staff).

Follow-up: ☐ "Notification to Parents" was given to parent/ guardian concerned (via school) for reminding them to arrange the vaccination at their family/ private doctors' clinics.

Name of Medical Organisation: _____
Name of Doctor: _____ Date: _____
Signature of Vaccination Staff: _____
Name of Vaccination Staff: _____
Remarks: