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| Logo placeholder  **Date**  **School Located Vaccine Event(SLVE)** Notice of Upcoming Vaccination Event Dear [Parents/guardians],  Vaccination is the best way to protect your student from [COVID-19 disease]. The [Lead Agency] is working with our school to give the [COVID-19] vaccine to students at school. We will hold vaccination events beginning this [fall], and let you know the specific dates once the vaccine is available. School staff will send you more information about the disease and the vaccine. We will send consent form home with students in the next few weeks. The consent form includes the option for parents/ guardians to either accept or refuse the vaccination for your student. If you refuse, the vaccination will not be given to your student.  If you have any questions about the vaccine or the vaccination event, please call: ([xxx-xxx-xxxx]) from [X AM to X PM]. Please visit your [local health department website or CDPH website] , <https://www.MyTurn.CA.Gov> or the Center for Disease Control and Prevention (CDC) website at <https://www.cdc.gov/coronavirus/2019-ncov/index.html> to learn more about the vaccine. Your student’s health care provider also can answer your questions about the [COVID19] virus and if you prefer, may be able to schedule your student for the [[COVID-19 and or influenza] vaccine at their office. | **Free COVID-19 Vaccines.****────****Vaccinators will be administering the COVID-19 vaccine during the school day.****────****Students are expected to need [two doses] of the vaccine spaced about [3 weeks apart].****Organization** Street Address City, ST ZIP Code  Telephone  Web Address |