

2024/25 Seasonal Influenza Vaccination School Outreach (Free of Charge) Programme

Dear Parents,

Vaccination is one of the most effective ways to prevent seasonal influenza and its complications. In order to protect students from seasonal influenza and facilitate vaccination of students, the school has joined the 2024/25 Seasonal Influenza Vaccination School Outreach (Free of Charge) Programme. The Department of Health (DH) has matched a medical organization for the school. The Human Health Associate Limited is matched and will provide free seasonal influenza vaccination outreach service to the school. The details are as follows:

|                               |  |
|-------------------------------|--|
| Date:                         | 19/12/2024 (Thursday)  |
| Time:                         | 9 a.m. - 1:30 p.m.   |
| Venue:                        | School Activity Centre   |
| Name of Medical Organization: | Human Health Associate Limited   |
| Contact No:                   | 39718279 / 32718260 / 39718267   |
| Vaccine:                      | Quadrivalent Inactivated Influenza Vaccine   |
| Remarks:                      | 1. Students need to bring along the original identity document (ID card).  |
|                               | 2. Students need to bring along the original Seasonal Influenza Vaccination Card. (If any)   |
|                               | 3. Students should wear school PE uniform for vaccination.   |
|                               | 4. Students are advised to have breakfast/lunch on the vaccination day.  |
|                               | 5. Those students who are not vaccinated due to absence from the school or being assessed by the medical staff as unsuitable for vaccination on that day, no mop-up dose will be provided at the school.                             |
|                               | 6. Students should consult your family doctor on the suitability for vaccination, if necessary.  |
|                               | 7. For details of the Seasonal Influenza Vaccination, please visit the website of Centre for Health Protection of DH:<br><a href="https://www.chp.gov.hk/en/features/100764.html">https://www.chp.gov.hk/en/features/100764.html</a> |



Parents are advised to read the consent forms of the 2024/25 Seasonal Influenza Vaccination School Outreach (Free of Charge) Programme carefully. If you **consent** to have your child vaccinated, please complete **Part IV (Consent Form) ONLY**. If you **refuse**, please complete **Part V (Refusal Form) ONLY**. **DO NOT fill in both Part IV and Part V.**

Please fill in the reply slip, consent form and return it to the class teacher on or before 1/11(Friday). Should you have any enquiries, please feel free to contact Ms. Wong Yee Man at 24712622.

Yours faithfully,

Ms. Lai Pui Yin, Polly  
(Principal)

**Reply Slip**  
(Please return the slip and consent form to class teacher by 1/11)

(BHS24026)

To: The Principal of Bethel High School,

I acknowledge the notice on 2024/25 Seasonal Influenza Vaccination School Outreach (Free of Charge) Programme.

- I\*  consent that my child receive the seasonal influenza vaccination as arranged by the school.  
(Please complete Part IV (Content Form) ONLY.)
- I  refuse that my child receive the seasonal influenza vaccination as arranged by the school.  
(Please complete Part V (Refusal Form) ONLY.)

Parent / Guardian Signature: \_\_\_\_\_

Parent / Guardian Name: \_\_\_\_\_

Student Name: \_\_\_\_\_

Class: \_\_\_\_\_ (     )

Date: \_\_\_\_\_

\* Please '✓' as appropriate