



# Sir Ellis Kadoorie (S) Primary School

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10<sup>th</sup> September, 2019  
Circular 6 / 2019-2020

Dear Parents:

## 2019/20 Seasonal Influenza Vaccination

To increase Seasonal Influenza Vaccination (SIV) uptake in school children, the Department of Health (DH) is launching the Seasonal Influenza Vaccination School Outreach (Free of Charge) in the School Year 2019/20. Our school has joined this outreach. Department of Health will arrange vaccination team (through public private partnership) to provide free seasonal influenza vaccine.

Date	1 <sup>st</sup> dose: 5 <sup>th</sup> November, 2019 (Tuesday): All students who joint 2 <sup>nd</sup> dose: 15 <sup>th</sup> January, 2020 (Wednesday) : Some students (To be informed after submission of Consent Form and proof-read by Department of Health )
Target	P.1 to P.6 students
Venue	School hall
Time	9:00 am– 12:30 pm
Personnel	Nurse from public private partnership :Swindon Medical (Designated by Department of Health via Primary school Outreach Programme )
Vaccination	Inactivated Seasonal Influenza Vaccine(by injection)
Fee	Free of charge (sponsored by Department of Health)
Teachers	Mr. YU / Ms. TSE
Precautions	1. Please fill in the <b>Consent form</b> or <b>Refusal Form</b> and return to the school. 2. Nurses from Swindon Medical (the designated public private partnership appointed by Department of Health) will provide injection in school <b>only</b> on 5th November, 2019. 3. Students <b>are not required</b> to submit the “immunization record” (white colour).

Please return your reply slip and the Consent / Refusal Form on or before **13<sup>th</sup> September 2019** to the class teacher. If have any question, please contact Mr. YU at 2577 3489.

Ms. Chui Sau-man  
(Headmistress)

### **Reply slip**

Circular 6 / 2019-2020

### Seasonal Influenza Vaccination

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

To: Headmistress,

I have read the School Circular No. 6 dated 10<sup>th</sup> September, 2019 and fully understood its content.

My child **will receive** the seasonal influenza vaccination (1<sup>st</sup> AND 2<sup>nd</sup> doses) as arranged by Department of Health (Outreach) and has filled in the **Consent Form**.

My child **will not receive** the seasonal influenza vaccination (1<sup>st</sup> AND 2<sup>nd</sup> doses) as arranged by Department of Health (Outreach) and has filled in the **Refusal Form**.

Name of Pupil: \_\_\_\_\_( ) Class: \_\_\_\_\_

Parent/Guardian's signature: \_\_\_\_\_

Parent/Guardian's name in BLOCK LETTERS: \_\_\_\_\_

Please tick against your choice.

Seize the Day



Seize the Day



Seize the Day



Seize the Day



Seize the Day

**Our Vision:** Develop fully pupils' potentials  
Equip them with life-long learning skills  
Help them integrate into local community  
Develop a global outlook

**Our Mission:** It is our mission to provide a positive learning environment that enhances each child's opportunity to learn and to develop through educational programme which recognizes the need for growth in moral, intellectual, physical, social and athletic skills, knowledge and attitude.