



樂善堂梁鋸琚書院
LOK SIN TONG LEUNG KAU KUI COLLEGE

香港西營盤醫院道28號

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28 HOSPITAL ROAD, SAI YING POON, HONG KONG.

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(Ref: 2425006E)

6 September 2024

Dear Parents/Guardians,

2024-2025 Seasonal Influenza Parents' Vaccination Programme

According to the messages of the Centre for Health Protection under Department of Health, Seasonal Influenza Vaccination is one of the effective means in preventing influenza and its complications together with reduction in influenza-associated hospitalization and death. Given that the Seasonal Influenza Vaccination offers protection against influenza and its complications, all members of the public, except those with known contraindications, should receive Seasonal Influenza Vaccination annually for personal protection.

As a means to offer convenience to parents who wish to receive vaccinations, our school has arranged VacC Medical to offer on-site vaccination service on our school campus on 9 October 2024. Details of the arrangement are as follows:

Date:	9 October 2024 (Wednesday)
Time:	12:00 noon - 1:00 pm
Venue:	School Hall
Doctor-in-charge:	Dr. Yip Man Kin (VacC Medical)
Vaccination Method:	Quadrivalent influenza vaccine by injection

Besides, this vaccination is free of charge for those who are 50 years old or above (born in 1974 or before), pregnant women, and those receiving disability allowance. For parents who are not eligible for subsidy, each vaccination is \$100.

Parents who wish to receive Seasonal Influenza Vaccination should return their reply via eClass Parent App before 11 September (Wednesday). All vaccine-receivers will receive a "Consent Form and Health Questionnaire for 2024/25 Seasonal Influenza Vaccination Programme" via their children on 13 September (Friday). The completed Consent Form and Health Questionnaire should be returned to Class Teachers on 17 September (Tuesday).

Yours sincerely,

CHUNG Yiu Kee
Principal





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【Please complete the Reply Slip on eClass Parent App on or before 11 September 2024】

Dear Principal,

I have read and understood the Seasonal Influenza Parents' Vaccination Programme, and*

I wish to receive the Seasonal Influenza Vaccination.

The total number of vaccine-receivers is _____ person(s).

I do not wish to receive the Seasonal Influenza Vaccination.

(Please ✓ the appropriate box.)

Parent's/Guardian's Signature: _____

Parent's/Guardian's name: _____

Student's name: _____

Class and class number: _____()

Date: _____