



9 October 2017

Group Quadrivalent Influenza Vaccination Program

Dear Parents,

In preparation for the forthcoming flu season, the Parent Teacher Association (PTA) has contacted the Outreach Service of the United Christian Nethersole Community Health Service (UCNCHS) to provide our students and fellow members with quadrivalent flu vaccination protection.

Influenza Vaccination Arrangement

Target	GHS students	PTA members and their family members
Date	30 October, 2017 (Mon)	4 November, 2017 (Sat)
Time	08:30 AM – 12:00 PM	08:30 AM – 11:00 AM
Venue	Our Lady's Hall	School Canteen
Vaccination Fee	HK\$160 per dose; free of charge for those aged under 12 years old on Vaccination Day	

Important Notice:

- The Quadrivalent Influenza Vaccination Program is **optional**. The influenza vaccine is suitable for people aged 6 months or above with no severe allergic reactions to egg/egg proteins or any other components of the influenza vaccine. Before deciding to join the program, members are kindly reminded to read the [Guidelines and Consent Form for Influenza Vaccination] (<http://www.ucn.org.hk/r/?c=2017/quadv.pdf>) in detail and consider whether the Flu vaccination is suitable for them or not. If necessary, please consult your family doctor for their opinion.
- The PTA will arrange a vaccination card at the end of November for those who cannot attend due to health reasons. Participants can attend a UCNCHS healthcare centre for a make-up injection. Please note that once the application has been accepted, the fee (or the vaccination card) is non-refundable and non-transferable. In case of queries regarding the above arrangements, please contact Uncle Wing, Vice Chairperson of the PTA.

Yours faithfully,

Win Ma
 Chairperson

Group Quadrivalent Influenza Vaccination Program Reply-slip

Please return to the Class Teacher of your daughter on or before 12 October (Thursday), 2017.

Student Name: _____

Class (No.): _____ (_____)

Please select where appropriate 「✓」.

- I AGREE with my child participating in the Quadrivalent Influenza Vaccination Program arranged by the PTA.
 Good Hoper aged less than 12 years old Good Hoper aged 12 years old or above (**\$160 per dose**)
- I AGREE with myself or my family member(s) participating in the Quadrivalent Influenza Vaccination Program arranged by the PTA.
 [Number of participants _____. I have attached a crossed cheque for the amount of \$ _____, cheque no _____ (HK\$160 x _____ participants). The cheque should be issued payable to "Good Hope School Parent Teacher Association" with the student's name, class, class number and phone number written on the back of the cheque.]
- I AGREE with my other child(ren) aged less than 12 years old (no. of children: _____) participating in the Quadrivalent Influenza Vaccination Program arranged by the PTA.
- I DO NOT AGREE to participate in the Quadrivalent Influenza Vaccination Program arranged by the PTA.

Parent / Guardian Name: _____ Parent / Guardian Signature: _____

Date: _____ Mobile: _____ Email: _____



注射「四價預防流感疫苗」安排

親愛的家長：

流感高峰期將至，本會聯絡「基督教聯合那打素社康服務」外展服務負責人，替本校學生、各家長及其家人注射「四價預防流感疫苗」，以防範未然。

接種流感疫苗安排

注射對象：	本校學生	家長及其家人
注射日期：	2017年10月30日(星期一)	2017年11月4日(星期六)
注射時間：	上午 08:30 – 中午 12:00	上午 08:30 – 上午 11:00
注射地點：	校內聖母禮堂	校內食堂
注射費用：	每針收費 HK\$160 / 當日年齡在 12 歲以下免費	

注意事項：

- (一)：注射服務乃自由參與。疫苗一般適合年滿 6 個月或以上而對雞蛋、蛋白或疫苗成份沒有過敏反應等人士注射。各會員報名前請先詳閱《四價預防流感疫苗須知》(<http://www.ucn.org.hk/r/?c=2017/quadv.pdf>)。如有需要，應諮詢醫生。
- (二)：若參加者未能在以上時段接受注射，本會將於 11 月下旬向學生發補打卡，請自行到卡上所示的指定中心注射。付款一經作實，恕不退還；若遺失補打卡，亦不再補發。如對安排有任何疑問，請致電聯絡本會副主席關家榮先生 (Uncle Wing)。

家長教師會主席

馬紫雲 謹啟

2017年10月9日

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回條 (注射「四價預防流感疫苗」安排) 於 10 月 12 日 (星期四) 或以前交回班主任

學生姓名：_____ 班別 (班號)：_____ ()

請在適當方格內「✓」(可選多於一項)

本人 **委託** 家長教師會為女兒注射流感疫苗。

接受注射當天未滿 12 歲 (免費) 12 歲或以上 (每針收費 HK\$160)

本人 **委託** 家長教師會為本人或 / 及家人注射流感疫苗。

[包括學生的參加人數共_____人。支票抬頭為「**德望學校家長教師會**」，支票號碼：

_____ (HK\$160 x 針數，合共 HK\$_____)，支票背面請寫上學生姓名、班別、班號及聯絡電話。參加者稍後將收到有關同意書以填寫個人資料。]

本人 **委託** 家長教師會為本人其他未滿 12 歲以下子女共_____人**免費**安排注射流感疫苗。

不參加是次注射「四價預防流感疫苗」服務。

家長/監護人姓名：_____ 家長/監護人簽署：_____

日期：_____ 聯絡電話：_____ 電郵：_____