



## Invitation letter for parents of children aged 12 to 15 years of age

### Dear Parent /Carer

### COVID-19 vaccination for children aged 12 to 15 years of age

I am writing to inform you that we will soon be offering COVID-19 vaccinations in school. I would like to ask if you wish to give your consent for your child to receive a first dose of the vaccine.

This vaccination will be free of charge and our highest priority is making it easy for children to access one dose of the vaccine before the winter.

The main purpose of the COVID-19 school age vaccination programme is to provide protection to the children who receive the vaccine and may help to reduce transmission of COVID-19 in the wider population.

During the vaccination delivery we will maintain the range of measures we have in place to keep you safe from COVID-19.

Please indicate your consent by returning the attached form to a member of staff. By consenting you will be helping to play your part in reducing the risk of COVID-19 spreading.

Best wishes,

### Pauline Williams Head of 0-19 service

# For more information please call or email our vaccination team on:

01143053230 email scn-tr.sheffielddutysn.vacandimm@nhs.net>

Information about COVID-19 vaccines is available at: <u>www.nhs.uk/conditions/coronavirus-covid-19/coronavirus-vaccination/coronavirus-vaccine.</u>