

CORTLAND ENLARGED CITY SCHOOL DISTRICT
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Date: October 28, 2009

Dear Parents/Guardians:

There is a new flu virus called the H1N1 flu virus which has been causing illness in our country since last spring. This virus causes mild to severe illness resulting in many hospitalizations and some deaths in adults and children. The Centers for Disease Control (CDC) and Prevention recommends that children and young adults aged 6 months through 24 years be vaccinated against this virus as soon as vaccine is available.

Our school district is planning school-based vaccination clinics to provide the opportunity for H1N1 shots to uninsured and underinsured (i.e., high deductibles or co-pays) children. Parents of children who have insurance are asked to contact their local health care provider to set up an appointment for the H1N1 vaccination.

The clinics will be held within the next month, once enough vaccine has been obtained. If you return this form indicating that you want your child vaccinated at school, you will be sent additional forms and a consent to complete before your child can be vaccinated. Please keep in mind that vaccination is the best way to prevent your child from contracting this potentially serious disease.

If you choose not to take advantage of this opportunity, there will be other public vaccination clinics held by the local Health Department. At the public clinics, there may be an option for nasal spray vaccination instead of an injected vaccination. Once these clinics are scheduled, you can find a list at the Cortland County Health Department's website (www.cchd.cortland-co.org). Please indicate below your interest in your child's vaccination process and return to school by **Tuesday, November 3, 2009**.

If you have questions about the H1N1 vaccination, please call the State hotline at 1-800-808-1987. If you have questions about the vaccination program at your school, please call (607) 758-4106.

Child's Name _____ School _____ Grade _____

Please choose one option only

I would like for my child to receive the H1N1 vaccine at the school clinic _____

I would prefer to take my child to a public H1N1 clinic at a later date _____

I do not want my child to receive the H1N1 vaccination at school _____