**Template Letter to Parents/Guardians About COVID-19 Vaccines**

*Instructions:* ***Copy and paste this content onto your school district/school letterhead or Local Health Department letterhead, modifying it as needed to account for the situation in your district****. Please include the COVID-19 Vaccine Consent Form, VIS or EUA statement (multiple languages are available), and vaccination clinic schedule*

Dear Parents and Guardians,

The Center for Disease Control and Prevention (CDC) recommends that children aged 6 months and older be vaccinated for COVID-19. XXXXX County Public Schools and the XXXXXX Health Department have combined resources to offer **FREE** COVID-19 vaccines to **ALL** students aged [insert age range to be vaccinated at school].

It is **NOT REQUIRED** that students be accompanied by a parent or legal guardian to participate in the vaccine clinic and to receive the vaccine *during school hours*. Parents/guardians may choose to accompany their child. If you are interested in accompanying your child, please contact your child’s school at [Insert Contact Information]. Some children will need to receive more than one COVID-19 vaccine dose to be considered [up to date](https://www.cdc.gov/coronavirus/2019-ncov/vaccines/stay-up-to-date.html). If your child needs an additional dose, you will receive information on when your child should get their next dose(s).

To register your child, please [Insert Registration Information]. You will need to complete the COVID-19 Vaccination Consent Form, which can be found [Insert Location of Consent Form] and return it to your child’s school by [Insert date]. Please review the attached [Insert “Vaccine Information Sheet (VIS)” OR “Emergency Use Authorization (EUA)”] for the [Insert vaccine(s) offered] before completing the Consent Form. Once reviewed, please read the Consent Form carefully and consult your doctor if you have any questions. Ensure that the Consent Form has been fully completed before signing. **We will be unable to vaccinate anyone with incomplete paperwork.**

You can find your school’s vaccination clinic dates on the attached schedule. **It is important that your child maintains the same health routine on the day they are getting vaccinated. Your child should wear a short-sleeved shirt, but wear layers if needed.** Although reactions are rare, we recommend that you monitor your child after they receive the vaccination.

If you have any questions about the upcoming school vaccination clinics, please see the XXXX school website: XXX or contact the XXXX County Health Department at XXXXX. VDH offers a call center that parents/guardians can call at (877) VAX-IN-VA (877-829-4682) to access information and ask questions in the weeks before, during, and after the vaccination program. For general questions about the COVID-19 vaccine, please visit the Virginia Department of Health’s [COVID-19 FAQ](https://www.vdh.virginia.gov/covid-19-faq) webpage.

Sincerely,

Director of XXXXXX County Health Department or School Information