



10<sup>th</sup> September 2020

Dear Parent/Carer

The flu immunisation team will be coming into school within the next few weeks. We need your consent as a parent/carers to pass on your child's details to them which include their full name, date of birth, address and contact numbers.

If you are happy for your child's information to be given to the nurses please fill out the first slip. If you do not wish your child's details to be given, please fill out the second slip. **We must have a return slip for every child.**

**Please return slips by Tuesday 15<sup>th</sup> September 2020.**

Yours sincerely,

O Flitcroft  
Headteacher

**Slip 1**

Name .....Class.....

I consent to give my child's data such as their full name, date of birth, address and contact numbers to the nurses.

Parent/Carer signature.....

**Slip 2**

Name .....Class.....

I **do not** want their data shared.

Parent/Carer signature.....