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| *[Provider letterhead plus NHS logo]*  *TEMPLATE LETTER FOR CHILDREN AGED TWO AND THREE YEARS OLD* |  | |
| [GP Surgery]  [First address line]  [Second address line]  [Town/city]  [County Postcode] | T [000 000 0000] |
| [Date] |  | |

Dear [Name]

«**Insert child’s first name**»**’s annual flu vaccination is now due**

This vaccination programme is in place to help protect your child against flu. Flu can be an unpleasant illness and sometimes causes serious complications. Children under the age of five years have the highest rate of hospital admissions due to flu.

Vaccinating your child will also help protect more vulnerable friends and family by preventing the spread of flu. With COVID-19 still in circulation it is very important to reduce the number of those becoming ill with flu this winter to help protect them and the NHS and social care.

**Please phone [insert number] to book an appointment for [insert child’s name]’s flu vaccination.**

The vaccination is free and recommended for young children and will be given by a quick, simple and painless spray up the nose.

We look forward to seeing «**Insert child’s first name**» soon.

Yours sincerely,

[GP/Practice Nurse/Practice Manager name]

[Position/title]

**For more information visit:** [**www.nhs.uk/child-flu**](http://www.nhs.uk/child-flu)

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Please record the date and time of your child’s vaccination appointment here and put it in an obvious place in your home.

Vaccination appointment:

**on: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ at \_\_\_\_\_\_\_\_\_am/pm**

**Date Time**