September 25, 2020

Jonathan D. Moody
Superintendent of Schools

Mark P. Hatch
Assistant Superintendent

David A. Leavitt
Support Services Manager

## Dear Parent/Guardian:

RSU 54/MSAD 54 has teamed up with Redington-Fairview General Hospital to offer FREE influenza (flu) vaccination clinics during the month of October for our students. Please see below for the flu clinic schedule.

Please read the *Vaccine Information Sheets* attached to this letter and complete the attached Health Screen & Permission Form and return to your child's school as soon as possible. If you do not fill out this permission form completely, your child will not be given the vaccine at the school clinic. You will be notified if there is a change in the planned dates of the school flu clinics.

With the concerns over the ongoing pandemic and the need to limit illness in schools to the greatest extent possible, public health officials have strongly recommended as many people as possible get the seasonal flu vaccine. For information about flu and the vaccine go to <a href="www.maineflu.gov">www.maineflu.gov</a>, <a href="

For questions about the vaccine clinic please call the school nurse.

Sincerely,

Jonathan D. Moody

Superintendent of Schools

School	Clinic Location	Date	Time (*approx.)
North Elementary	North Elementary	Thursday, October 8th	8:30
Canaan Elementary	Canaan Elementary	Thursday, October 8th	9:30*
High School/Middle School	SAHS	Thursday, October 15 <sup>th</sup>	8:30
Mill Stream Elementary	Mill Stream Elementary	Wednesday, October 21st	8:30
Margaret Chase Smith	Margaret Chase Smith	Wednesday, October 21st	9:30*
Marti Stevens	Middle School	Thursday, October 22 <sup>nd</sup>	8:30
Middle School/High School	Middle School	Thursday, October 22 <sup>nd</sup>	8:30
Bloomfield Elementary**	Middle School	Thursday, October 22 <sup>nd</sup>	10:00*
*REMOTE STUDENTS*	REGISTERED SCHOOL		8:00-8:30 ONLY

<sup>\*\*</sup>Bloomfield students will walk to SAMS for the clinic

\*\*REMOTE STUDENTS MUST HAVE COMPLETED HEALTH SCREEN/PERMISSION FORM WITH THEM ON THE DAY OF THE CLINIC\*\*

<sup>\*\*</sup>Please be sure to complete and return the Health Screen/Permission form to your school nurse\*\*