

Partners

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Hucclecote Surgery

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www.hucclecotesurgery.co.uk

September 2020

Dear Parent / Carer

Your child's annual flu vaccination is now due.

We are now offering annual flu vaccinations to children who are aged 2 – 3 years on 31st August 2020. This vaccination programme is in place to help protect your child against flu.

Flu can be an unpleasant illness and sometimes causes serious complications. Vaccinating your child will also help protect more vulnerable friends and family by preventing the spread of flu. The vaccination is **free** and recommended for young children, and will be given by a quick and simple spray up the nose.

Please call reception on 01452 617295 to book an appointment in our clinic on Wednesday 30th September 2020.

Prior to attending the appointment, please ensure that your child or any immediate contact does not have any symptoms of cough / cold / fever / loss of smell/taste or generally feeling unwell. Come to the white door at the back of the surgery (library carpark) at your booked time, please DO NOT come early. Please could we also ask that only one adult attends with the child and that they wear a face covering.

We understand that this is a challenging time for everyone and appreciate your cooperation and support. Please rest assured that all measures have been put in place to ensure patient and staff safety alike.

We look forward to seeing you soon.

Yours sincerely,

Emma Jones
Practice Manager

For more information visit: www.nhs.uk/child-flu

If you would like this letter or information in an alternative format, for example large print or easy read, or if you need help communicating with us, for example because you use British Sign Language, please let the surgery know by calling Reception on 01452 617295 or email us at hucclecotesurgery@nhs.net.

If you DO NOT wish your child to have the flu vaccination, please let the surgery know either by calling us on 01452 617295, submitting a request via our website <https://www.hucclecotesurgery.co.uk/> or by signing and returning the form below.

I DO NOT WISH TO HAVE THE FLU VACCINATION 2020/2021

Parent / Carer Signature:..... Date:.....

<Patient name>, <Date of birth>