

Dear Parents:

Through a cooperative effort between the Department of Health and Environmental Control (DHEC) and Horry County Schools, the second dose of the H1N1 flu vaccine is being made available to students ages 9 and under. This vaccine is only available for those students who previously received their first vaccine. This clinic is not for those students who need to receive their initial vaccine.

The second vaccine will be administered beginning December 9. [Click here](#) for the immunization schedule to see when the second vaccination will be available at your child's school or when your child will have the opportunity for an immunization at a nearby school. If your child's school is not a vaccination site, Horry County Schools will provide bus transportation for your child to receive the vaccination during regular school hours. Immunization clinics will begin at 10:30 a.m. and extend until 6 p.m. on the scheduled dates. Parents, particularly those of younger children, may wish to accompany their child for the immunization during school hours or may do so after school hours up until 6 p.m.

A student who is small in size may not have a large enough muscle in the upper arm for the vaccine injection, therefore; the injection will be given in the upper thigh. Privacy will be maintained at all times if the student needs to have the injection in the upper thigh. If you consent to your child being vaccinated at school, but your child is unwilling, he or she will not be vaccinated at school. You will be notified in writing if your child did not receive the vaccine.

If you are interested in your child receiving the second free H1N1 vaccine at school you must complete the enclosed [DHEC Consent Form](#) ( or [click here for DHEC Consent Form – Spanish version](#)) and return it to the school by the date indicated in the letter received from your school. If you wish to bring your child after school hours to receive the vaccine, please complete and return this form along with the DHEC Consent Form to your child's school:

STUDENT'S NAME \_\_\_\_\_  
SCHOOL \_\_\_\_\_

\_\_\_\_\_ I will bring my child after school to receive the vaccine.

\_\_\_\_\_ My child may be vaccinated during school hours.

If you have any questions, please contact the school nurse or the Health and Safety Services Department at 843-488-6877. If you are interested in your child receiving his/her initial H1N1 vaccination, please contact your primary provider or the Health Department near you.