2021.Sep~ Year group一覧

Year6	2010年09月01日生まれ ~ 2011年08月31日生まれ
Year7	2009年09月01日生まれ ~ 2010年08月31日生まれ
Year8	2008年09月01日生まれ ~ 2009年08月31日生まれ
Year9	2007年09月01日生まれ ~ 2008年08月31日生まれ
Year10	2006年09月01日生まれ ~ 2007年08月31日生まれ
Year11	2005年09月01日生まれ ~ 2006年08月31日生まれ

同意書(Online consent form) 記入見本 1ページ目

Sussex Community Wis Flu Vaccination Consent Form **NHS Foundation Trust** Registration Please enter your email address and the code provided by your school. Then press 'Find School'. It is important that you enter the correct email address as future correspondence will be emailed to you about your child's vaccination. After you have finished, if you change your mind or need to tell us about changes to your child's medical history, do not complete another consent form. Please visit www.susseximmunisations.co.uk/Contact to contact the immunisation team and tell us about any changes. **Email address** 生徒ではなく、保護者の皆様のアドレスをご 記入ください。 Confirm email address (立教アドレスではなくて結構です) School code SX126132 School code (SX126132) を入力し、Find School を押していただくと、School nameの欄に「Rikkyo Find School School」と自動入力されます。 School name

同意書(Online consent form)記入見本 2ページ目



同意書(Online consent form)記入見本 3ページ目

Flu Vaccination Consent Form	Sussex Community NHS Foundation Trust
Consent	Will be a second and a second a
I consent to the child named on this form to receive the Influenza vaccine:	
○Yes 接種を希望する場合は Yesを、希望しない場合は Noを選択	
By signing this form I confirm I have parental responsibility for the child named on this form and I have read and understood the information a knowledge the child named on this form has not already had the vaccinations above, for their age. I understand that this information will be he with their GP.	435 - 1000 - 100 100 - 1
Full Name (Parent/guardian with parental responsibility)	
Relationship to child	
Please choose	
I consent to the child named on this form Digital Health (e.g. GP) Record being available to be viewed by SCFT staff involved in their	care.
⊖Yes	
○No	
Submit 全て記入の上、Submitを押せば、同意書の提出完了となります	