

Dear Parent,

The School will arrange with the MOH to give Vaccination for DTap and Polio (OPV) to the students of **Grade I** on **Monday, January 28, 2019** and **Tuesday, January 29, 2019**. Kindly fill in the consent letter attached and return it to the class teacher by **Sunday, January 27, 2019** without fail.

Prof. M. Abubaker
Principal

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Consent Letter

Please indicate your consent by ticking the column below.

Yes / No **DTap and Polio (OPV)**

If "NO", please give reason _____

Name of the student _____ Grade _____ Div _____

Name of Parent _____ Date: _____

Sign _____ Tel.No. _____
