

SIS/STC/072/2016-2017

November 21, 2017

Dear Parent,

The School will arrange with the MOH to give Vaccination for MMR and Varicella (Chicken Pox) to the students of **Grade I** on **Monday, November 27 and Tuesday, November 28, 2017**. Kindly fill in the consent letter attached and return it to the class teacher by **Sunday, November 26, 2017** without fail.

Prof. M. Abubaker

Principal

✂

Consent Letter

Please indicate your consent by ticking the column below.

Yes / No

If "NO", please (✓) any of the following reasons:

- My child has been vaccinated before with one of above mentioned booster doses (*At the age of 5 years usually for chickenpox)** (Please send an official proof for that)
- My child has a medical condition which prevent him/her from taking the vaccination now** (Please send an AUTHENTICATED report explaining the medical condition to the school nurse)
- Other reasons (please specify) _____

Name of the student _____ Grade _____ Div _____

Name of Parent _____ Date: _____

Sign _____ Tel.No. _____
