

SIS/STC/095/2016-2017

January 17, 2017

Dear Parent,

The School will arrange with the MOH to give Vaccination for DPT & OPV to the students of **Grade I** on **Sunday, 22.01.2017 and Monday, 23.01.2017**. Kindly fill in the consent letter attached and return it to the class teacher by **Thursday, 19.01.2017** without fail.

Prof. M. Abubaker

Principal

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Consent Letter

Please indicate your consent by ticking the column below.

Yes / No

DPT & OPV Vaccination

If "NO", please give reason _____

Name of the student _____ Grade _____ Div _____

Name of Parent _____ Date: _____

Sign _____ Tel. No. _____

_____ Tel. No. _____