



INDIAN SCHOOL SOHAR
CIRCULAR – CLASS VII

ISS/CIR/005/18-19
24 April 2018

Dear Parents,

The Ministry of Health will conduct a vaccination programme on 1st & 2nd May 2018. Please indicate in the table below whether your child has already taken the vaccinations. If not, your child will be given the vaccination by the MOH officials.

Name of Child: _____ Class & Section: _____ GR No: _____

Age Group Middle School level – 7 (11 – 13 years)	OPV Booster	1. Whether the child has already taken the vaccination (YES / NO) 2. Whether the child needs the vaccination (YES / NO)	Confirmation (Put <input checked="" type="checkbox"/>) Give Vaccination (<input type="checkbox"/>) Don't give Vaccination (<input type="checkbox"/>)
Age Group Middle School level – 7 (11 – 13 years)	DT Booster	1. Whether the child has already taken the vaccination (YES / NO) 2. Whether the child needs the vaccination (YES / NO)	Confirmation (Put <input checked="" type="checkbox"/>) Give Vaccination (<input type="checkbox"/>) Don't give Vaccination (<input type="checkbox"/>)

I hereby grant permission to MOH to give the above vaccinations to my child, as per their programme.

Sign of the Parent: _____ Date: _____

Name of the Parent: _____ Tel: _____

Please return this letter to Class Teacher with your consent and signature on or before Thursday, 26th April 2018.

Thanks and regards,

Sanchita Verma
Principal

Dr. Vinu Kumar
Vice – Principal