



Dear Parents,

The Ministry of Health will conduct a vaccination programme on 24th & 25th November 2019. 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 – 6 (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 ✓) Give Vaccination () Don't give Vaccination ()
Age Group Middle School level – 6 (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 ✓) Give Vaccination () Don't give Vaccination ()

Kindly mention, if the child has been diagnosed with any major illness such as Blood Pressure, Heart diseases, Diabetes or any other- YES / NO
If YES, write the nature of illness : _____

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

Sign of the Parent: _____ Name of the Parent: _____ Date: _____ Mob :- _____

Please return this letter to Class Teacher duly filled with your consent and signature on Monday, 11th November 2019.

Thanks and regards,

S. Verma

Sanchita Verma
Principal

Dr. Vinu Kumar
07/11/19

Dr. Vinu Kumar
Vice – Principal