INDIAN SCHOOL SOHAR
CIRCULAR – CLASS XII

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 Senior School level – 12 **(17 – 18 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 Senior School level – 12 **(17 – 18 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 ( )

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

24/04/18
Dr. Vinu Kumar
Vice – Principal