

Dear Parents,

The School will arrange with the MOH to give Vaccination for DTap, IPV and Polio (OPV) to the students of **Grade I** on **Tuesday, November 5, 2019 and Wednesday, November 6, 2019**. Kindly fill in the consent letter attached and return it to the class teacher by **Sunday, November 3, 2019** without fail.

Prof. M. Abubaker
Principal



Consent Letter

Please indicate your consent by ticking the column below.

Yes / No **DTap, IPV and Polio (OPV)**
If "NO", please give reason _____

Name of the student _____ Grade _____ Div _____

Name of Parent _____ Date: _____

Sign _____ Tel.No. _____
