

Dear Parent,

The School will arrange with the MOH to give Vaccination for MMR to the students of **Grade I** on **Monday, November 21, 2016 and Tuesday, November 22, 2016**. Kindly fill in the consent letter attached and return it to the class teacher by **Wednesday, November 16, 2016** without fail.

Prof. M. Abubaker
Principal

✂

Consent Letter

Please indicate your consent by ticking the column below.

Yes / No **MMR Vaccination**

If "NO", please give reason _____

Name of the student _____ Grade _____ Div _____

Name of Parent _____ Date: _____

Sign _____ Tel.No. _____
