



ST. XAVIER'S HIGH SCHOOL, GHAZIABAD

Cir/19/18

Date: 10.12.18

Dear Parent

This is to inform you that the school has been asked to organize a vaccination camp for children especially for Measles and Rubella. Kindly tick the given checklist (yes or no) and your consent to get your ward vaccinated.

| Name of the immunization | Yes/no |
|--------------------------|--------|
| POLIO | |
| DFT | |
| MMR | |
| TETANUS | |
| TYPHOID | |
| INFLUENZA | |
| BCG | |
| HEPATITIS A | |
| HEPATITIS B | |
| CHICKEN POX | |
| HIB (MENINGITIS) | |

Regards

Headmistress

CONSENT

We would like the school to have our ward _____ of class _____ to be vaccinated for Measles and Rubella.

Parent Signature