

**INDIAN SCHOOL SALALAH**  
(Circular Dated: 04/08/2019)

**To: The Parents of the students of Class I, VI & XI**

Dear Parents,

**Subject: Booster Vaccination**

Please be informed that the Ministry of Health Affairs, Dhofar Region is planning to send their staff to our school for administering vaccines to our students as follows in the first week of September 2019.

<b>Name of Vaccines</b>	<b>Classes</b>
DT and OPV (Second booster of DPT)	Class I
dT adult	Class VI
dT adult + OPV	Class XI

You are requested to fill up the consent slip and return it to the Class teacher along with the copy of your ward's immunization record or a letter from you stating the immunization status by **Sunday, August 18, 2019** positively. Any request after this date will not be allowed.

Regards,



**DEEPAK PATANKAR**  
Principal

**INDIAN SCHOOL SALALAH**

(Reference: Circular dated 04/08/2019)

**Consent Slip for Booster Vaccination**

Name of the Student: \_\_\_\_\_

D. O. B. \_\_\_\_\_

Class & Sec: \_\_\_\_\_

<b>Write "YES" if your child needs the vaccine to be administered</b>		<b>OR</b>
<b>"NO" if your child does not need the vaccine</b>		
Class I	<b>DT and OPV (Second booster Of DPT)</b>	<input type="checkbox"/>
Class VI	<b>dT adult</b>	<input type="checkbox"/>
Class XI	<b>dT adult + OPV</b>	<input type="checkbox"/>

Name of the Parent: \_\_\_\_\_

Sign: \_\_\_\_\_