



Shikshartha DPS

Yamunapuram, Bulandshahr

SKSDPS/CIR/035/23-24

Date: 06-11-23

Circular

Immunization Drive-T.D/D.P.T For classes 1st to 8th

**Dear Parents,
Greetings!**

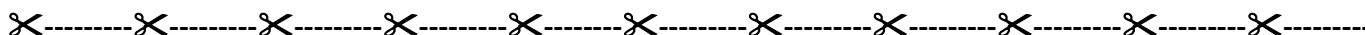
This is to inform you that the district health authorities are going to organize a special immunization drive for students who may have missed their T.D. (Tetanus and Diphtheria) and D.P.T. (Diphtheria, Pertussis, and Tetanus) vaccinations. The health and safety of our students are of paramount importance to us, and this drive is aimed at ensuring that all students are adequately protected against preventable diseases.

To ensure that every child is protected, we kindly request the parents of those wards who have not received the above-mentioned vaccinations for whatever reason to fill and submit the attached consent form by tomorrow (07.11.2023). This will allow us to coordinate with the district health authorities and ensure that the necessary vaccinations are administered to the eligible students.

For any concerns, kindly contact the class teacher. Looking forward for your kind co-operation as always.

Regards


Principal



Consent Form

I Mr. /Mrs. _____ wish to give consent to my ward Mast. /Miss _____ Studying in class/sec _____ for the T.D and D.P.T vaccination of my ward.

I understand that this vaccination drive is for the benefit of my ward and I myself give consent to his/her vaccination knowing the fact that there may be mild fever or any other side effect after taking the vaccination.

Name of the Parent

Signature.....