



December 18, 2018

Dear Parent

Reference to circulars dated 22.11.18 & 11.12.18 and the instructions received from the Office of DM, Noida, Govt of Uttar Pradesh- Government Health Services has started MR Campaign (Measles Rubella) vaccination Services. As per the campaign, children from 09 months to 15 years i.e. Pre-Primary-I to Class X are to be vaccinated.

In this regard, the school organised an awareness campaign for the parents and teachers on 15<sup>th</sup> December 2018. It is informed that your child will receive the vaccination in school by the team of Health Service, District Gautam Budh Nagar, in spite of the fact the child has received vaccine earlier or not.

The date of vaccine is Monday, 24<sup>th</sup> December 2018.

**MR VACCINATION CONSENT FORM**

Name of the Student \_\_\_\_\_ Class/Sec \_\_\_\_\_ Sex : Male/Female Age : \_\_\_\_\_ yrs.

Please mark your desired choice with a tick against the box given –

- I, \_\_\_\_\_ Father / Guardian of \_\_\_\_\_ of Class / Sec \_\_\_\_\_ give my consent to the team of Doctors from CMO, Noida and the School to give my child the MR Vaccination, free of charge –
- My child has already received the vaccination(s) \_\_\_\_\_ on : \_\_\_/\_\_\_/\_\_\_
- I refuse to allow my child to be vaccinated for the following reasons :  
\_\_\_\_\_

**Please Note !** The following questions will help us to detect any possible contra-indication for vaccination. In this cases, allergy refers to ‘the swelling of mouth or throat’ and/or ‘breathing difficulties’ and /or ‘problems with the heart’

- |   |   |                              |                             |
|---|---|------------------------------|-----------------------------|
| Is your child allergic to   | Vaccines  | <input type="checkbox"/> yes | <input type="checkbox"/> no |
|   | Antibiotics (neomycin, streptomycin and plymixin) | <input type="checkbox"/> yes | <input type="checkbox"/> no |
|   | Eating and breathing in yeast or gelatine         | <input type="checkbox"/> yes | <input type="checkbox"/> no |
| Has your child exhibited severe reactions to a vaccination in the past?   |   | <input type="checkbox"/> yes | <input type="checkbox"/> no |
| Does your child have severely reduced immunity to viruses and bacteria ?  |   | <input type="checkbox"/> yes | <input type="checkbox"/> no |
| Does your child suffer from a disease that causes a drop in the number of blood Platelets, or has your child suffered from this in the past ?   |   | <input type="checkbox"/> yes | <input type="checkbox"/> no |
| Has your child received immunoglobullins or blood products in the past year ?   |   | <input type="checkbox"/> yes | <input type="checkbox"/> no |
| Has your child reviewed a vaccination in the past 4 weeks, or is a vaccination scheduled in near future? If yes, which vaccination and when was/will this vaccination be administered ? _____ |   | <input type="checkbox"/> yes | <input type="checkbox"/> no |
| Does your child suffer from a nervous system condition that is not yet under control  |   | <input type="checkbox"/> yes | <input type="checkbox"/> no |

Please note the following carefully –

- Before the child is given vaccination, please ensure that the child is not empty stomach.
- The child should not have fever, common cold etc..

Please fill in the given consent form and submit it, duly signed by the parents to the class teacher of your ward by 20<sup>th</sup> December 2018.

Dipannita Mondal (Principal)