

From the Principal's Desk: -

Dear Parent,

As part of the second phase of Vaccination Drive, the school is conducting a vaccine drive in coordination with the Ministry of Health (MoH) and Ministry of Education (MoE), Yanbu. The Boys of classes IV - X shall be administered with the vaccine against **Measles, Mumps, Rubella (MMR)**. We are expecting the MoH Team to administer the vaccines on January 02, 2025 (Thursday) at the Boys' Section Campus. In order to complete the processes related to the vaccine administration, we require your consent for the same. Please make sure that your child takes enough food as breakfast on the very same day. The KG and Girls Section students have already been administered with the same a week ago.

Sd/-
Principal

----- ✂ ----- ✂ ----- ✂ ----- ✂ -----
(Please send this circular back after marking your consent as a tick mark (✓) on the space provided.)

PARENT CONSENT FORM FOR MMR VACCINE (JANUARY 2025)

I, _____ (parent's / guardian's name), of,
_____ (student's name) studying in _____
(class & div) of Al Manar Int'l School holding the Iqama Number _____ have read the above circular and mark my consent below. In case of an emergency/ clarifications, I may be reached at _____ (Mobile Numbers)

Agree

Disagree

Kindly provide the reason if you disagree _____

Is the child allergic to Egg / sensitive to Vaccines? Yes/ No.(Pls specify if YES) _____

Is your child Asthmatic? Yes/ No.(Pls specify if YES) _____

Is your child on any medications? Yes/ No.(Pls mention if YES) _____

Is your child immunocompromised? Yes/ No.(Pls specify if YES) _____

Parent Signature :.....

date:

