

From the Principal's Desk: -

Class 7-9 (Girls)

Dear Parent,

As recommended by the Ministry of Health (MoH) and international health organizations all girl students of grade VII (seven) to IX (Nine) of Private and International Schools would be administered with Human Papillomavirus Vaccine (HPV) (First dose/ Booster Dose) next week. The MoH Team of Nurses and Doctors would pay a visit to the school to administer the same.

The purpose of the vaccination is to protect the girl students from cervical cancer. Please note, as per the MoH, Human Papillomavirus Vaccine (HPV) is safe and effective for students based on several medical research and clinical studies.

In order to complete the processes related to the vaccine administration, we require your consent for the same.

Sd/-  
Principal

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

**PARENT CONSENT FORM FOR HPV**

I, \_\_\_\_\_ (parent's / guardian's name),  
of, \_\_\_\_\_ (student's name)  
studying in class \_\_\_\_\_ 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, I may be reached at \_\_\_\_\_ (Mobile Numbers)

<input type="checkbox"/> Agree	<input type="checkbox"/> Disagree	Is the First Dose taken	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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Kindly provide the reason if you disagree \_\_\_\_\_  
\_\_\_\_\_



Parent Signature : ..... date: .....