

From the Principal's Desk: -

Dear Parent,

As recommended by the Ministry of Health (MoH) for Private and International Schools POLIO Vaccine (oral drops) would be administered for the students of age 5 years and below. The MoH Team of Nurses and Doctors would pay a visit to the school to administer the same this Sunday (Feb 08, 2026).

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 POLIO VACCINE

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 for Polio Vaccine administration and mark
my consent below. In case of an emergency, I may be reached at
_____ (Mobile Numbers)

CONSENT:

Agree

Disagree

VACCINE DETAILS

Polio Vaccine

Last Vaccination Date

Kindly provide the reason if you disagree _____

Parent Signature : date: