

**PAWAR PUBLIC SCHOOL, NANDED CITY, PUNE**

**Std. Nur-Std. X**

**Ref: PPSNC/Acad/ 0029/2018-19**

**Date: -30<sup>th</sup> October 2018**

Dear Parents,

Please read the pamphlet attached herewith and send the duly filled form. This is a Government of India vaccination program for students in age group Nursery to STD. X (3 years to 15 years). The dose will be given from 24<sup>th</sup> November 2018 onwards in school.



To,  
The Principal,  
Pawar Public School,  
Nanded City, Pune.

We have read the pamphlet given by Ministry of Health and Family Welfare and understood the importance of Measles and Rubella vaccination program. We give our consent to the Government Health Department to give the vaccination to our child.

- 1) Student's Name: \_\_\_\_\_ Std/Div \_\_\_\_\_  
Name of the Parent (Mother) \_\_\_\_\_ Sign: \_\_\_\_\_  
Name of the Parent (Father) \_\_\_\_\_ Sign: \_\_\_\_\_
- 2) Name of Family Doctor \_\_\_\_\_  
Phone Number of Family Doctor \_\_\_\_\_
- 3) My child has allergy to (if any) \_\_\_\_\_

