



Principal: Ms. Jan Brettingham
28 September 23
006/Par /23

Dear Grade 1 Parents,

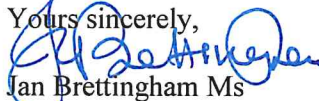
We are informing you that School Health have informed us that during the COVID pandemic they intend giving children the following injections at one time as follows:

**Second dose of Varicella Vaccine
Combined Diphtheria, Tetanus, Pertussis & IPV,
Oral Polio
MMR if not taken at 18 months old**

If you consent to the above being given on one visit then sign the consent form below. Also if you **DO NOT** require the vaccination please complete below. The consent form should be sent to admin@fpa.sch.ae or administrator@fpa.sch.ae
No later than Monday 2nd October.

We will then inform you of the dates when the Ministry of Health make these available to us. Please note a family member/nanny will be expected to accompany the child for these vaccinations.

Any questions on this matter please call Ms Hanan on 2224001 ext. 6 or in English to the School Nurse

Yours sincerely,

Jan Brettingham Ms
Principal

NAME OF STUDENT: _____

CLASS: _____

Please delete as necessary:

I require my child to be given the Diphtheria, Tetanus and Pertussis & IPV vaccinations and oral polio vaccine.

I do not require my child to be given the Diphtheria, Tetanus and Pertussis & IPV vaccinations and oral polio vaccine.

I require the school to give the MMR vaccinations

I do not require the MMR vaccination

My child has already been vaccinated against MMR. Please attach copy of record of this.

PARENT NAME: _____

SIGNATURE: _____