



Circular No. NV/7/ 2018-19

Date: 26-07-18

Dear Parent,

You must be aware of the **Nationwide Campaign to ensure protection against the vaccine-preventable diseases Measles-Rubella (MR)**. This vaccine is being administered to children of the age group **9 months to 15 years**. The campaign is being implemented by UNICEF in collaboration with different international/national welfare agencies and non-governmental organizations. The aim of this campaign is to reach more than 400 million children (aged 9 months to 15 years) in the next couple of years and administer a single shot of MR vaccine regardless of their earlier vaccine or disease status.

For the campaign to be effective, no child should be left behind, and hence it is extremely important that all the stakeholders (viz. parents, community leaders, teachers and health workers) actively participate in the campaign.

**This vaccine is safe and effective** and has been administered successfully in various schools throughout the country.

In support of this Campaign we are organizing a vaccination program in our school on **Friday 3<sup>rd</sup> August 2018**. The time schedule will be given shortly.

Kindly sign the **consent form and send it through your ward by Monday, 30<sup>th</sup> July 2018 to the respective class teachers**.

Also note that **one parent** will be expected to accompany the child for vaccination. **The children are required to have sufficient, healthy food before taking this vaccine**. The vaccine will not be administered if the child comes on an empty stomach. Students suffering from fever, epilepsy, kidney problems and/or health problems are advised NOT to take this vaccine. Students may go home after the vaccination with their parents and are advised to rest after receiving the vaccination.

**There will be no school for the Pre-Primary children on Friday, 3<sup>rd</sup> August 2018.**

With regards,

Ms. Geeta Sikdar  
Headmistress

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### Consent Form

I, \_\_\_\_\_ parent of \_\_\_\_\_ studying in Class \_\_\_\_\_ and Section \_\_\_\_\_ agree to get my child vaccinated under the MR Eradication Campaign. I understand that school shall take utmost care of my ward's safety. However, the school will not be held responsible in case of any unforeseen mishap beyond its control.

Thanking you

Name of the Parent-

Sign-

Date-