

(REPLY LETTER for STD X)

I hereby give/do not give my consent for the immunization of my child for the following vaccine-

| Standard       | VACCINES | AGE         | Whether your child is immunized for the following.<br><br>Kindly Tick (YES/NO)<br><br>Yes – if given already.<br>No- if not given | If not immunized then permission for the same.<br><br>Kindly Tick (YES/ NO)<br><br>Yes- to give vaccine<br>No- not to give. |
|----------------|----------|-------------|---|---|
| Only for Std X | Inj. TD  | 16 yrs dose | YES / NO  | YES / NO  |

History of any illness/allergy/drug allergies - \_\_\_\_\_

\_\_\_\_\_  
(SIGNATURE OF THE PARENT)