

(REPLY LETTER for STD V)

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.  Kindly Tick (YES/NO)  Yes – if given already. No- if not given	If not immunized then permission for the same.  Kindly Tick (YES/ NO)  Yes- to give vaccine No- not to give.
Only for Std V	Inj. TD	10 yrs dose	YES / NO	YES / NO

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

\_\_\_\_\_

(SIGNATURE OF THE PARENT)