



14 September 2022  
001/Par /22

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 Diptheria, 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](mailto:admin@fpa.sch.ae) or [administrator@fpa.sch.ae](mailto:administrator@fpa.sch.ae) no later than Thursday, **22 September**.

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. All children and accompanying adult require a current PCR to have this test done in the school.

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 Diptheria, Tetanus and Pertussis& IPV vaccinations and oral polio vaccine.

I **do not** require my child to be given the Diptheria, 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: \_\_\_\_\_