Circular: DPT 2nd Booster & Td Vaccination Programme

TMPIS/2026-27/016 **Date: 10 July 2026**

Dear Parents,

Greetings from T. M. Patel International School!

This is to inform you that the Health Department, in collaboration with the school, will conduct a **Vaccination Drive** for eligible students as per the National Immunization Programme.

Vaccination Schedule:

Date: Wednesday, 22nd July 2026
Time: 10:00 a.m. onwards
Venue: T. M. Patel International School Campus

The following vaccinations will be administered by authorized healthcare personnel:

A. **DPT Booster (2nd Dose) Vaccine (Triple Antigen Vaccine) for Balvatika students who have completed 5 years of age (Senior KG).**
B. **Td Vaccine for students of Std. 5 (approximately 10 years of age).**
C. **Td Vaccine for students of Std. 10 (approximately 16 years of age).**

Important Information for Parents of Balvatika Students:

- Children who have already received the **DPT Booster (2nd Dose)** at a Government Health Centre, Anganwadi Centre or Private Hospital **do not need to receive the vaccine again**.
- The vaccine will be administered as an **injection in the upper arm**.
- Parents are requested to send the child's **Vaccination Card (Immunization Card)** or the **Private Hospital vaccination records/file** for verification of vaccination details.

Parents are requested to fill in and submit the consent form below through their ward. Vaccination will be administered only to those students whose duly signed consent forms are received by the school.

Your cooperation in this important health initiative is highly appreciated.

Warm regards,

Mr. K. Maxwell Manohar
Director/Principal
T. M. Patel International School

CONSENT FORM (PARENT'S COPY)

I, _____, parent/guardian of _____

studying in **Std. & Sec. _____**, hereby give my consent for my child to receive the

vaccination under the School Vaccination Drive scheduled on **22nd July 2026**.

Please tick the applicable option:

☐ **Yes, I give my consent for vaccination.**

☐ **No, I do not give my consent for vaccination.**

Vaccination Applicable:

☐ DPT Booster (2nd Dose) – Senior KG
☐ Td Vaccine – Std. 5
☐ Td Vaccine – Std. 10

Parent/Guardian Name: _____

Signature: _____

Contact Number: _____

Date: _____

CONSENT FORM (SCHOOL'S COPY)

I, _____, parent/guardian of _____

studying in **Std. & Sec. _____**, hereby give my consent for my child to receive the

vaccination under the School Vaccination Drive scheduled on **22nd July 2026**.

Please tick the applicable option:

☐ **Yes, I give my consent for vaccination.**

☐ **No, I do not give my consent for vaccination.**

Vaccination Applicable:

☐ DPT Booster (2nd Dose) – Senior KG
☐ Td Vaccine – Std. 5
☐ Td Vaccine – Std. 10

Parent/Guardian Name: _____

Signature: _____

Contact Number: _____

Date: _____