



MAHARAJA AGRASEN MODEL SCHOOL

[Sr. Secondary]

CD-BLOCK, PITAMPURA, DELHI- 110034

Circular No. MAMS/2025-26/22

July 4, 2025

Subject : Td 10 & Td 16 Vaccination Drive for Eligible Students

Dear Parents,

As per the directives of the Directorate of Health & Family Welfare in coordination with the Directorate of Education, a Td (Tetanus and adult Diphtheria) vaccination drive will be conducted for students aged 10 and 16 years in all Govt., Govt. Aided, and Private Schools. This vaccination is an essential part of the **National Immunization Schedule** to safeguard children against Tetanus and Diphtheria. The vaccination will be administered **only to students who have not received this vaccine previously**, and strictly with **written parental consent**.

You are kindly requested to submit the consent form (Annexure-I) in hard copy by July 10 , 2025. The school will communicate the date and time of the vaccination in due course. Parents are also encouraged to educate their children about the importance of this vaccination. Kindly ensure that your child comes to school after having breakfast on the day of vaccination. The school will provide necessary arrangements for the smooth conduct of the immunization, including observation of students post-vaccination.

Warm regards

Principal



www.agrasenschool.com



agrasenschool1985@gmail.com



011-47023947,40453808

CONSENT FORM

Regarding the administration of _____ Vaccine as per Eligibility to my child

To,

The Principal

(School Name and Address)

Name of Child: _____ Age (in years): _____ Standard and Section: _____

Name and Dose of Vaccine for which the child is eligible: _____

The above stated Vaccine Dose is as per recommendations of Ministry of Health and Family Welfare (MoHFW), Government of India (GoI), and will be administered FREE OF COST to your child.

PLEASE SELECT ONE OF THE THREE OPTIONS BELOW:

1. ☐ I, the undersigned (parent / guardian of my child), **give my Consent** for administration of the above-mentioned Vaccine and Dose to my child, as per recommendations.
2. ☐ My child has **already been vaccinated** with the above-mentioned Vaccine and Dose, and I am submitting a copy of the Vaccination Certificate / relevant record for the Vaccine and Dose.
OR
I will **get my child vaccinated** with the above-mentioned Vaccine and Dose in Private Sector, and I will be submitting a copy of the Vaccination Certificate / relevant record for the Vaccine dose, soon.
3. ☐ I, the undersigned (parent / guardian of my child), **do not give my Consent** for administration of the above-mentioned Vaccine and Dose to my child, as per recommendations.

I pledge to support Vaccination Programme of Health and Family Welfare Department and keep my child disease free, by getting him / her the above recommended vaccines.

(Signature)

Name of Parent / Guardian: _____

Mobile No.: +91- _____