



# MESCO PUBLIC SCHOOL

Dhanaura Road, Amroha, 244221, U.P.

MESCO/CIR-P/06/25-26

28<sup>th</sup> April, 2025

## Subject: Consent for TD (Tetanus-Diphtheria) Vaccination

Dear Parents/Guardians,

As per the directive received from the District Officer, Amroha (Uttar Pradesh), a vaccination campaign is being organized to protect children against diphtheria.

Please find the details below:

- **Vaccination Date:** April 29, 2025 (Tuesday)
- **Target Age Groups:** 10 years and 16 years
- **Vaccine to be Administered:** TD (Tetanus-Diphtheria)
- **Venue:** MESCO Public School
- **Conducted by:** ANMs (Auxiliary Nurse Midwives)

Parental consent is mandatory for the vaccination. Kindly read, fill, and return the following undertaking to the class teacher by 29<sup>th</sup> April 2025.

Warm Regards

Pooja Buttan

(Principal)

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## Undertaking for Vaccination

I, \_\_\_\_\_, father/mother of \_\_\_\_\_, aged \_\_\_\_\_ years, studying in **MESCO Public School, Amroha**, hereby give my consent for my child to receive the TD (Tetanus-Diphtheria) vaccine as part of the school-based vaccination program.

I understand that:

- The vaccine is intended to protect my child from diphtheria and tetanus.
- I have been informed about the benefits and possible side effects of the vaccine.

I hereby undertake to:

- Ensure my child's presence on the day of vaccination.
- Provide any required documents or relevant medical information.
- Inform the school/health authorities about any medical history, allergies, or conditions that may affect vaccination.

I Agree/ Disagree to cooperate fully with the school and health officials in this regard.

**Signature of Parent/Guardian:** \_\_\_\_\_

**Name:** \_\_\_\_\_

**Mobile Number:** \_\_\_\_\_

**Date:** \_\_\_\_\_