



SAINIK SCHOOL AMARAVATHINAGAR

Vaccination consent form for Cadets of Class X – XII)

Your ward will be vaccinated for Covid – 19 (First Dose)

Consent for COVID-19 vaccination

I want my child to receive the COVID-19 vaccination

Name:

Signature:

Parent/Guardian

Date:

You are hereby requested to complete the information given below:

Cadet full name (IN CAPITAL):	Roll Number	Class and Section
Home address with PIN:	Mobile Number :	
	1.	
	2.	
Aadhar number:	Date of Birth :	
Age :		
Father Name		
Mother Name :		

OFFICE USE ONLY

Date of COVID-19 vaccination	Site of injection (please circle)		Vaccine	Where administered (PHC/School)
First	L arm	R arm		
Second	L arm	R arm		