



IIS.401.2010

6 April 2010

To: Parent/Guardian of  
KBSM 3, Year 8 and Year 9 students

Dear Parent/Guardian,

**Vaccination for Anti-Tetanus Toxoid (ATT)**

The Government Health Team will be at the Tenby Schools Ipoh on Thursday 27<sup>th</sup> May 2010 at 8.30am to give the vaccination for Anti-Tetanus Toxoid (ATT).

Please complete the permission slip below and return it to the class teacher **by Monday 19<sup>th</sup> April 2010** if you wish for your child/ward to receive this vaccination.

Thank you.

Yours sincerely,

Mdm Lee Yam Sei  
Director

✂

**PERMISSION SLIP FOR VACCINATION**

Name of Student: \_\_\_\_\_ Class: \_\_\_\_\_

I would like my child/ward to have the Anti-Tetanus Toxoid (ATT) vaccination.

Thank you.

Name of Parent/Guardian: \_\_\_\_\_

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

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