

NORTH AMERICAN INTERNATIONAL SCHOOL, DUBAI

Letter for refused vaccination in the school premises

CHILD NAME : _____

DATE OF BIRTH: _____

GRADE & DIVISION: _____

SCHOOL NAME: _____

I am Mr./Mrs. _____ (Father/Mother) of
Student _____

This is to inform you that I have objection for my son/daughter to receive the vaccination in the school
premises for the reason of _____

I agree & assure to provide the school with a copy of updated vaccination record in regular basis.

Parent/ Guardian signature: _____ Date: _____

Telephone Number: _____