



# OUR LADY OF AFRICA S.S

(NAMILYANGO)

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Date: 13/06/2022

Dear Parent,

**RE: COVID – 19 VACCINATION CONSENT FORM**

The Ministry of Health of the Government of Uganda is to vaccinate all persons between 12-17 years of age. This exercise is scheduled to take place from 15<sup>th</sup> June – 20<sup>th</sup> June 2022.

You are therefore requested to submit the consent form to the above exercise and send it to school by 15<sup>th</sup> June at 8:00am via **whatsApp 0786859790**.

Please consent to the vaccination of your child by ticking the appropriate box.

Agree to immunize

(Yes)

Disagree

(No)

Reason for disagreement:.....

.....

.....

If the child was previously vaccinated please return this form with a copy of the vaccination card to **whatsApp 0786859790**.

Parents' name:.....Sign:.....

Telephone: .....

Child's Name:..... Sex:.....

Class:.....Stream:.....Age:.....

For inquiries call Reception 0392902174.

Your In Service

NALIBOOZA HARRIET MATOVU

HEAD TEACHER

