



18th September, 2018

Subject : Asking Permission Regarding HPV Vaccine Injection (Preventing Cervical Cancer)

Dear: Parents of female students in Year 5

Attachment: Information about Cervical Cancer and Acceptance Letter

The Department of Disease Control, Ministry of Public Health, together with Bangkok and National Health Security Office (NHSO) have promoted the importance of Cervical Cancer prevention. Hence, there will be the HPV Vaccine Injection service for female students in Year 5, which has been recommended as the suggested age group. Children in this age group have 2 - 3 times higher immunity than adults. The students will have two HPV Vaccine Injections (the second injection will be given 6 months after the first one).

Hence, school will cooperate with public health officers to provide the students with HPV Vaccine Injection service for 2 rounds as follows. Round1 (Injection 1) will be organised on Monday 24th September, 2018, Nurse Room, 2ndFloor, Dominic 1 Building, 09.00 am – 11.00 am. Round 2 (Injection 2) will be held in February 2019 (school will notify parents before the mentioned date)

If you would like your child to receive the HPV vaccine injection (the service is free of charge), please fill out the acceptance letter below and return it to the homeroom teachers on or before Thursday 20th September, 2018 so that school can collect the information and further prepare things for the service.

Please be informed accordingly and thank you for your cooperation.

Respectfully Yours,

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(Ms.Nutcharee Kajornsirithanapong)
Assistant Director, Primary Department

School's Nurse
Tel: 0-2213-0117 extension 106
Fax: 0-2674-0499

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Acceptance Letter SES126/2018
Subject: Asking Permission Regarding HPV Vaccine Injection (Preventing Cervical Cancer)
(Please return this part to the homeroom teachers within Thursday 20th September, 2018)

I (Mr. ,Ms.) Surname
Parent of Ms.Year.....
I am her (telling your relationship with the student)

I have read the information about HPV prevention vaccine, cautions and the possible after effects that the vaccine may cause.

Please tick in the box below.

- ☐ I **allow** my child to receive the HPV Vaccine injection for two rounds
- ☐ I **do not** wish for my child to receive the HPV Vaccine injection because
 - ☐ the student has received the vaccine injection before
 - ☐ Others (Please tell)

Sign
(Parent)