TAS/CIR/2026-27/035

THE ADVENT SCHOOL, HARIDWAR 18th Aug. 2026

CIRCULAR-CUM-CONSENT FORM

HPV VACCINATION PROGRAMME FOR ELIGIBLE GIRLS (Aged 14-15 Yrs.)

Dear Parents,
Greetings from TAS!

1. As per the communication received from the **Office of the Block Education Officer/ Block Project Officer, Vikas Khand Bahadrabad, Haridwar**, regarding the **HPV Vaccination Programme** being facilitated by the **Health Department**, the school is required to share information with the parents/ guardians of **eligible adolescent girls**.
2. As per the guidelines communicated to the school, the programme is intended for **girls above 14 years and below 15 years of age**.
3. The school will be facilitating the administration of the HPV vaccine on the school campus in coordination with the concerned Health Department/ authorised health personnel, so that eligible students who wish to avail themselves of the vaccination facility may do so conveniently.

IMPORTANT INFORMATION FOR PARENTS-

1. Availing the HPV vaccination is **completely voluntary**.
2. The decision regarding whether or not your daughter should receive the vaccine rests entirely with the parent/ guardian.
3. The **school is only facilitating the vaccination programme** and is not making vaccination compulsory.
4. The vaccine will be administered by the authorised health personnel/ Health Department team, subject to the applicable programme guidelines and medical requirements.
5. The date, timing and other necessary arrangements for vaccination at the school will be communicated separately to parents who indicate their willingness to avail of the facility.
6. Parents are requested to **provide their consent only after considering the information** available to them and, where required, seeking appropriate medical advice.
7. If you do not wish your daughter to avail of this facility through the school, please clearly indicate “NO” in the consent form below.

We request parents to carefully read the information and submit the duly completed consent form to the school through the concerned class teacher by 20th August 2026.

Warm Regards,

PRINCIPAL

THE ADVENT SCHOOL, HARIDWAR

PARENT/GUARDIAN CONSENT FORM

HPV VACCINATION PROGRAMME

Student's Name: _____

Class & Section: _____

Date of Birth: _____

Parent/ Guardian's Name: _____

Contact Number: _____

Please tick (✓) ONE option:

☐ **YES, I GIVE MY CONSENT** for my daughter to avail herself of the HPV vaccination facility being facilitated by the school on its campus through the authorised Health Department/health personnel.

☐ **NO, I DO NOT WISH** for my daughter to avail herself of the HPV vaccination facility being facilitated by the school.

I understand that:

- The decision to avail of the vaccination is entirely my own.
- The school is facilitating the programme and is not making vaccination compulsory.
- The vaccination will be administered by authorised health personnel in accordance with the applicable Health Department guidelines.
- I may seek medical advice regarding the vaccination, if required, before giving consent.
- I understand that the vaccination date and other relevant details will be communicated separately.

Name of Parent/ Guardian: _____

Signature of Parent/ Guardian: _____

Date: _____

Contact Number: _____