



Permission Slip for School Vaccinations

Dear Parent/Guardian,

In order to safeguard the health of our children, the Ministry of Health, through the National Expanded Immunization Program in Palestine, will be administering vaccinations to school students against Polio, Tetanus, and Diphtheria, as part of the effort to protect them from communicable diseases.

Below is a brief description of these diseases:

Polio: A contagious viral disease that primarily affects children under the age of five.

Tetanus: A serious bacterial infection that affects the nervous system, leading to muscle stiffness and spasms, particularly in the jaw and neck.

Diphtheria: A serious bacterial infection that usually affects the mucous membranes of the nose and throat.

Targeted Grade Levels and Vaccines Given:

First Grade Students:

Oral Polio Vaccine

Tetanus and Diphtheria Vaccine (injection in the thigh)

Ninth Grade Students:

Tetanus and Diphtheria Vaccine (injection in the upper arm)

Possible Side Effects:

Mild and temporary side effects may occur such as swelling and redness at the injection site, sometimes accompanied by a slight fever. In such cases, it is recommended to apply warm compresses to the area and use a fever reducer if needed. The pain usually goes away on its own. If your child experiences any symptoms beyond those mentioned above, please visit the nearest government health clinic.

Please complete the form below and return it to the school:

Student's Name: _____ Grade: _____

Parent/Guardian Name: _____

Phone Number: _____

- ☐ **I GIVE** permission for my child to receive the scheduled vaccinations as described above.
- ☐ **I DO NOT GIVE** permission for my child to receive the scheduled vaccinations as described above.

Parent/Guardian Signature: _____

PLEASE RETURN BY SEPTEMBER 24, 2025

