

**HEALTH & WELLNESS CLUB**

**GET VACCINATED, AND KEEP YOURSELF SAFE**  
**CERVICAL CANCER : HPV VACCINATION DRIVE**

Dear Parents,

Bal Bharati Public School, Noida Under the aegis of Health and Wellness club, in association with the Rotaract Club of Delhi South East, sponsored by the Rotary Club of Delhi South East, will be organizing Project: **CERVICAL सुरक्षा-संकल्प**.



This initiative aims to raise awareness about cervical cancer prevention and provide opportunities for HPV vaccination for students, Staff & Parents aged 9–26 years.

The vaccine is **Cervavac**, made by Serum Institute of India. The team of Nurses and Doctor will be administering **two doses for boys and girls of age 9 to 14** and **two doses for age 15 to 26 to males and females** in the recommended time gap of 6- 12 months.



Please note that both the doses will be administered **free of cost in the presence of parents** after submitting the attached **consent form** with photocopy of Aadhar card to the respective class teacher by 15 February 2025.

<b>Vaccination Camp</b>	:	<b>DAY - I</b>
Venue	:	Sick Bay, BBPS, Noida
Date	:	09 March, 2025
Time	:	08.30 a.m to 11.30 a.m

We urge you to participate in this effort to protect your child’s future health.

This comprehensive initiative offers a valuable opportunity to ensure the health and well-being of our young community by preventing cervical cancer and promoting vaccination.

**PLEASE NOTE THAT IT IS NOT MANDATORY TO PARTICIPATE IN THE VACCINATION CAMP.**



Asha Prabhakar  
(Principal)  
Kindness, Resilience, Respect



Distribution:  
VPL/ HM’s  
Staff (via e-mail)  
School website, File



# **Rotaract Club of Delhi South East**

## **CONSENT FORM**

I, \_\_\_\_\_ Parent of \_\_\_\_\_ Class \_\_\_\_\_ Section \_\_\_\_\_ do hereby give my **CONSENT** for my child, to be **vaccinated against Cervical Cancer**, to be given in two doses in the **interval of 6 months**, at my sole responsibility. The vaccine is Cervavac, made by Serum Institute of India. We are administering **two doses for boys and girls 9 to 14** and **two doses for 15 to 26** to males and females. **WHO** (World Health Organization) **recommends for 2 doses** of HPV virus vaccine; however, the manufacturing company **recommends 3 doses** above the age of 14 years.

### **Parents Name**

Father \_\_\_\_\_ Sign \_\_\_\_\_

Mother \_\_\_\_\_ Sign \_\_\_\_\_

### **Child Name**

\_\_\_\_\_ Class \_\_\_\_\_ Section \_\_\_\_\_

### **School**

Name \_\_\_\_\_

Date of Birth \_\_\_\_\_ Age (as on date) \_\_\_\_\_

ID Proof Details : **Aadhar Card Number**

\_\_\_\_\_

**Mobile No.** \_\_\_\_\_

**Address**

\_\_\_\_\_

## **Undertaking**

I, \_\_\_\_\_ (Parent/Guardian/ Relative) of \_\_\_\_\_ hereby declare that I am, of my own **volition and at my own responsibility**, with full understanding of all relevant factors, **getting my ward vaccinated** against '**Cervical or Penile Cancer**' as part of a **charitable endeavour**.

I hereby further declare that I will not at any time hold anyone, Rotary District, Rotary Club of Delhi South East and its members, BLK Hospital or any Doctors, Rotaract Club of Delhi South East or any of its members, responsible for any consequence of any nature whatsoever including any adverse effects of the vaccination.

Sign \_\_\_\_\_

Date \_\_\_\_\_

Name \_\_\_\_\_