**Reply Slip**

**COVID-19 Vaccination Programme –Vaccination Arrangement  
for Children and Adolescents**

[Date]

**Vaccination by Outreach**

My child/ward \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ will receive vaccination at school/institution by the outreach service at the time stated in the **Notice**. The arrangements will be as follows:

|  |  |
| --- | --- |
|  | **(A) Number of doses to be vaccinated** [choose only one option] |
| 🞐 | The current vaccination status of my child/ward is as follows:  *(If the concerned dose of vaccine has not been received, please fill in “N/A”.)*  Date of vaccination (1st dose): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Vaccine type: \_\_\_\_\_\_\_\_\_\_\_\_\_  Date of vaccination (2nd dose): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Vaccine type: \_\_\_\_\_\_\_\_\_\_\_\_\_  Hence, he/she will get vaccinated on the following date(s) stated in the **Notice**:  *(If he/she will not get vaccinated, please fill in “N/A”.)*  Date of vaccination ( \_\_ dose): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Vaccine type: \_\_\_\_\_\_\_\_\_\_\_\_\_  Date of vaccination ( \_\_ dose): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Vaccine type: |
|  | **(B) Arrangements on accompanying the child/ward** [choose only one option] |
| 🞐 | I will accompany my child/ward in person during the vaccination. |
| 🞐 | I will not accompany my child/ward in person during the vaccination |
|  | **(C) Vaccination Arrangements of Parents/Guardians** [choose only one option] |
| 🞐 | I will receive vaccination of the same vaccine type at the same time slots as my child/ward and the consent form is attached. |
| 🞐 | I will not receive vaccination of the same vaccine type at the same time slots as my child/ward. |

(Please put a tick “🗸” in the appropriate box)

# please delete as appropriate

|  |  |
| --- | --- |
| Parent/Guardian’s Signature： | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Parent/Guardian Name： | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Child/Ward Name： | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Class： | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Class Number： | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |