



MASS MEASLES VACCINATION CAMPAIGN CONSENT FORM

The Department of Health will be conducting a nationwide Measles vaccination campaign from **6 – 17 February 2023**. The measles vaccination campaign will be used as a platform for providing Vitamin A supplementation and Deworming medication to children who are due OR missed their doses.

The following services will be rendered:

1. MEASLES VACCINATION to prevent measles. It will be given to all children aged 6 months to 15 years irrespective of their current or previous doses received.
2. MEBENDAZOLE DEWORMING TABLETS to prevent children from intestinal worm infestation. It will be given to all children aged 12 months to 59 months who are due for their routine dose OR missed their routine doses.
3. VITAMIN A SUPPLEMENTATION DROPS to assist in strengthening the immune system. It will be given to all children aged 6 months to 59 months who are due for their routine dose OR missed their routine doses.

All services rendered will be recorded in the Road-to-Health-Booklet for children under 5 years. NB: Please send the Road-to-Health-Booklet to your child's crèche/pre-school. However, if you do not have the booklet, the services will still be provided. If you have any questions about the campaign, please do not hesitate to ask at your nearest clinic.

PLEASE FILL IN THE SECTION BELOW.

_____ parent/caregiver of _____

parent/caregivers' name and surname

Child's name and surname

Please tick in the appropriate box (Tick only one box per intervention)

- | | | | | |
|-------|--------------------------|--------------|--------------------------|---|
| AGREE | <input type="checkbox"/> | DO NOT AGREE | <input type="checkbox"/> | that my child should receive MEASLES vaccine |
| AGREE | <input type="checkbox"/> | DO NOT AGREE | <input type="checkbox"/> | that my child should receive eligible Vitamin A supplementation |
| AGREE | <input type="checkbox"/> | DO NOT AGREE | <input type="checkbox"/> | that my child should receive eligible Mebendazole tablet. |

Signature: _____ Date: _____ Cell no: _____