



# DELHI PUBLIC SCHOOL PATAUDI

(Under the aegis of The Delhi Public School Society, New Delhi)

**Circular No: DPSP/2026-27/020**

**Date: 14.05.2026**

**Subject: Consent for HPV Vaccination Medical Camp (Girls Aged 14–15)**

Dear Parents,

This is to inform you that the school will organise a medical camp for the vaccination of the Human Papillomavirus (HPV) vaccine for girls aged 14–15 years by government doctors.

The HPV vaccine is safe and highly effective. It helps protect against infections caused by the Human Papillomavirus, which can lead to cervical cancer, other genital cancers, and genital warts.

Parents are kindly requested to send their consent along with a copy of the ward's Aadhaar card.

Warm Regards,

Principal

DPS Pataudi

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## Subject: Consent for HPV Vaccination

I, \_\_\_\_\_ Parent/Guardian of \_\_\_\_\_ studying in Class \_\_\_\_\_ Section \_\_\_\_\_, hereby give my consent for my daughter to receive the Human Papillomavirus (HPV) vaccination to be administered during the medical camp organised by the school in association with government doctors.

I understand that the HPV vaccine helps protect against infections caused by the Human Papillomavirus, including cervical cancer and other related diseases.

I am enclosing a copy of my ward's Aadhaar card along with this consent form.

Parent/Guardian Signature: \_\_\_\_\_

Mobile Number: \_\_\_\_\_

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Student's Aadhaar Number: \_\_\_\_\_