

PARENT CONSENT FORM  
**FORMULIR IZIN ORANG TUA**

I, parent/legal guardian of \_\_\_\_\_ from class \_\_\_\_\_, would like to avail of the following (please tick ✓ one only):

*Saya, orang tua/wali siswa \_\_\_\_\_ kelas \_\_\_\_\_ memilih vaksin berikut (silakan dicentang ✓ satu saja):*

- |  |  |
|--|--|
| <input type="checkbox"/> 3 strain influenza vaccine only @ Rp 465,000.00 | <input type="checkbox"/> 4 strain influenza vaccine only @ Rp 575,000.00 |
| <input type="checkbox"/> 3 strain influenza + Vit C @ Rp 750,000.00      | <input type="checkbox"/> 4 strain influenza + Vit C @ Rp 860,000.00      |
| <input type="checkbox"/> Vit C only @ Rp 285,000.00                      |  |

Parent's Name/ *Nama* : \_\_\_\_\_  
Nama Orang Tua

Mobile/ *HP* : \_\_\_\_\_  
Nomor HP

Home Address/ *Alamat Orang tua*: \_\_\_\_\_  
Alamat Rumah

Home phone no. / *Telepon Rumah*: \_\_\_\_\_

\_\_\_\_\_  
Parent/Guardian Signature  
Tanda Tangan Orang Tua/Wali

\_\_\_\_\_  
Date