



VEDA VYASA DAV PUBLIC SCHOOL, VIKAS PURI

VVDAV/VP/24-25/07

23.04.2024

Dear Parent

This is with reference to DOE letter dated **18th April 2024**, regarding **National Deworming Campaign** for all the school going children from class Pre School to class XII to be held from **23rd to 30th April 2024** .

As per the directions of the **Directorate of Health and Family Welfare ,GNCT of Delhi** , all school going children from Nursery to class XII, will be administered a single dose of chewable tablet 'Albendazole' in the school on **26th and 29th April 2024** .

Kindly send the duly signed consent slip latest by **25th April 2024** to the Class Teacher.

Principal

CONSENT FORM

I, _____, parent of _____ of Class & Sec _____ agree / do not agree for my ward being administered the De-worming tablet. I understand that this is an initiative of the Health Department and school is only facilitating in organising the drive in school. I will not hold the school responsible for any incident of allergy or reaction.

Signature of the Parent _____ Date _____



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