VrDAV VP 19/17	VEDA VYASA DAV PUBLIC SCHOOL	30-01-19
Dear Parent		- , , , , , , , , , , , , , , , , , , ,
This is with reference to DO Programme.	E letter dated 17 January 2019 regarding Nationa	al Mass De-worming
As per the directions of Chil National Mass De-worming	ld Health Division, MoHFW, Govt. of India, 1st ph programme in Delhi, is planned to be implement	ted on 8th February 2019
	IUD)for left out children on 14th February 2019.	
	om Nursery to class XII, will be administered a sing	gle dose of chewable tablet
'Albendazole'. Kindly send the duly signed	consent slip latest by 1 February 2019.	200
h hie		
Principal		
CONSENT FORM		
l,	, parent of	of Class & Sec
agree / do n	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 no	ot hold the school responsible for any incident of a	allergy or reaction.
Signature of the Parent		
Date		
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10Ar 10 19/17	VEDA VYASA DAV PUBLIC SCHOOL	
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Date		
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