

**JAIN BHARATI MRIGAVATI VIDYALAYA
VALLABH SMARAK JAIN MANDIR TIRTH
G.T. KARNAL ROAD, DELHI-110036
PH: 9319499878, 9319499879 EMAIL: jbmvidyalaya@yahoo.co.in**

JMV/2024-25/Cir.No.12

Dated: 22-04-2024

Dear Parent,

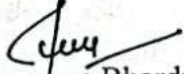
Namaskar!

As per National Deworming Programme in all Private Schools of Delhi organised by Directorate of Family Welfare, GNCTD with DDE all the students from classes VI to XII will be given Tablet chewable Albendazole (400 mg) on 24-04-2024 i.e. Wednesday. You are requested to give your consent regarding the same.

However, medicine will not be given in the following cases:-

1. In case the child has cold, cough or fever.
2. In case the child has any medical issue.
3. In case the child is a CWSN student.
4. In case the child refuses to take medicine.
5. In case the child is feeling nausea.

Warm Regards,


(Anupma Bhardwaj)
Principal

CONSENT FORM

I _____ parent of _____ of
class _____ allow my ward to take chewable Tablet Albendazole (400 mg) on 24-04-2024
under the supervision of class teacher.

Parent's Signature: _____

Parent's Name _____

Address: _____

Telephone No.: _____