

JAIN BHARATI MRIGAVATI VIDYALAYA
VALLABH SMARAK JAIN MANDIR TIRTH,
G.T. KARNAL ROAD, DELHI-110036

E-mail: info@jmv.org.in, jbmvidyalaya@yahoo.co.in Website: www.jmv.org.in

JMV/2018-19/Cir.No.46
2019

Dated : 05-02-

Dear Parent,

Namaskar

As per National Deworming Programme in all Private Schools of Delhi organised by Directorate of Health Services in Communication with DDE all the students from classes I to XII will be given Tablet Albendazole (400 mg) on 08-02-2019 & 14-02-2019. You are requested to give your consent for the same.

Regards,

(Anupma Bhardwaj)
Principal

CONSENT FORM

I _____ parent of _____ of
class _____ allow my ward to take chewable Tablet Albendazole (400 mg) on 08-02-
2019 and 14-02-2019 under the supervision of class teacher.

Parent's Signature: _____

Parent's Name _____

Address: _____

Telephone No.: _____