



Arvind Gupta DAV Centenary Public School
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As per the instruction of **GOVERNMENT OF NATIONAL CAPITAL TERRITORY OF DELHI and DIRECTORATE OF EDUCATION**, the students of classes Nursery -XII will be administered a single dose of Chewable Tablet Albendazole 400mg for deworming. Albendazole tablets will be supplied by WHO, and is as such safe; however, in some cases children with mild **adverse effect(pain abdomen, nausea, vomiting, loose motion etc.)** may require medical intervention.

Kindly Give your consent to provide the tablet to the child. In case the child has already taken the dosage, Kindly provide proper information to the school with prescription of medical practitioner.

PRINCIPAL

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CONSENT

I _____ Father/Mother of _____ studying
in class & sec _____ give my consent to my ward regarding deworming.

Please tick appropriate option:

1. Avail the deworming of my ward from School.
2. Get the deworming done by my family doctor.
3. Will collect tablet from school and administer the same at home.
4. Provide information about deworming procedure already administered by registered Medical practitioner.

PARENT SIGNATURE

Name : _____

Mobile No. : _____