



**D.A.V. PUBLIC SCHOOL**  
ASHOK VIHAR PH-IV DELHI -52  
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## CIRCULAR

DAVPS/AV-IV/CIR/23-24/27

Date: 29.09.2023

Dear Parents

We kindly request your consent for the administration of Albendazole Deworming Tablets to your children, in accordance with the guidelines of the Department of Education (DOE)

<https://forms.gle/oAXJjFNDSAs21cJUA>

**Ms. Kusum Bhardwaj**  
**Principal**



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### **Consent Slip for Taking Albendazole Deworming Tablets**

My ward \_\_\_\_\_ of class \_\_\_\_\_ is interested in Taking Albendazole Deworming Tablets.

Date:

Parent's Name & Sign: