DELHI PUBLIC SCHOOL, SIDDHARTH VIHAR

(Under the aegis of the Delhi Public School Society, New Delhi)

Affiliated to CBSE | Affiliation Number: 2132884 | School Code: 61164

Circular No./2025-26/20 08.08.2025

Subject: National Deworming Drive – Consent Required

Dear Parent,

The local administration of Ghaziabad, in collaboration with the Health Department, is conducting a **Deworming Drive** for children aged **1 to 19 years** as part of their initiative to ensure better health for all.

As part of this programme, the deworming medicine will be administered to eligible students in the school on **14 August 2025** (*Mop-up Day*).

Parents who wish their ward(s) to receive this medicine are requested to provide their consent to the school. The medicine will be given only to those students whose parents have granted permission.

Warm Regards

Ms. Vandana Midhaa

(Principal)

Consent Form – Deworming Drive (14 August 2025)

I, _____ (Parent/Guardian Name), Parent/Guardian of _____ (Student Name), studying in Class _____, hereby **give my consent** for my ward to be administered the deworming medicine during the Deworming Drive in school on **14 August 2025**.

☐ **Yes, I give consent**

☐ **No, I do not give consent**

Parent/Guardian Signature: _____

Date: _____

Contact Number: _____