



**For Classes – Pre-Nursery--I**  
**Circular No. SGS/186/23-24**  
**Date- 15-02-2024**



**Dear Parents,**  
**Warm Greetings,**

We are giving Albendazole tablet for deworming in school, tomorrow (16-02-2024), given by Health Department (Govt. of India). Kindly fill the consent form.

Best Regards

**(PRINCIPAL)**



**CONSENT FORM (Returned by 16.02.2024)**

Dear Principal,

I \_\_\_\_\_ (Name) Parent Of \_\_\_\_\_ (Child's Name) ,studying in

Class \_\_\_\_\_ Section \_\_\_\_\_ give my consent for my ward for the dose of  
Albendazole on 16.02.2024.

Regards,

Date : \_\_\_\_\_

Signature of Parent: \_\_\_\_\_