

CONSENT SLIP

With reference to DoE circular No. F.DE.23 (386)/Sch.Br/2019/417 relating to the National

Mass Deworming Programme, I _____, father/mother of _____ Class _____ Sec. _____ permit my ward to collect the deworming

Tablet **ALBENDAZOLE** from the School on Thursday day, 8 August, 2019.

I undertake hereby that in the event of any untoward incident/ reaction in the context of the above, I shall not hold the School responsible. _____

Parent signature