

CONSENT SLIP

With reference to **DoE circular No.DE.15 (422)/PSB/Part File/2019/53-56** 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 Monday, 10 February, 2020.

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