MRG SCHOOL, ROHINI

MRG/ROH/26-27/CIR21
Date:- 17th August 2026

Dear Parents,

This is to inform you that the Directorate of Education has released an order for all schools to organize Deworming drive for all the students of Pre-School to XII in the school.

The drive has been scheduled to be held from **18th – 22nd August , 2026** with an aim to ensure optimum coverage.

The medicine cannot be provided to the students under the following conditions:

- If the child is already on certain medication.
- If the child is unwell for any reason.

Types of Adverse Drug Events

- **Mild Adverse Event :-**Temporary do not require hospitalization. Noticed in a few children, especially those with high worm infestation. These include :

1. Nausea,
2. Mild abdominal pain,
3. Vomiting, diarrhea
4. Fatigue

- **Serious Adverse Event :-** Fatal/ life-threatening events like Swelling of face, throat, difficulty in breathing(anaphylaxis) after Albendazole Chewable Tablets are extremely rare, but in that condition child will be taken to the hospital.

If you wish to provide consent for your child's participation in the Deworming Drive, kindly ensure that you submit the attached filled form to the school nurse.

The deworming process will be carried out as follows:

1. If your consent for deworming has been filled then only your ward will be allowed to take the Albendazole Chewable tablet 400 mg.

2. Student will be allowed to take tablet only in the presence of parent and after taking tablet parent has to take child back. **Timings: - 12 pm – 2 pm**

2. Kindly make your ward have a proper breakfast and get proper lunch on the day of deworming.

3. Date of deworming is **18th August – 22nd August , 2026**.

We appreciate your cooperation in ensuring the health and wellness of our students.

Regards

MRG School

MRG SCHOOL, ROHINI

CONSENT FORM FOR DEWORMING DRIVE

Dear Parent/Guardian,

As per the directions of the **Directorate of Education**, a **Deworming Drive** will be conducted in the school for students from **Pre-School to Class XII**.

The deworming tablet to be administered is **Albendazole Chewable Tablets I.P. 400 mg**.

I hereby confirm that I have read and understood the information shared regarding the deworming programme, its benefits, and possible mild side effects. I provide my consent for the administration of the deworming tablet to my child.

Student Details

Name of Student: _____

Class & Section: _____

Admission No.: _____

Health Information

1. Does your child have any known allergy?
☐ No ☐ Yes
If yes, please specify: _____

2. Is your child currently taking any medication?
☐ No ☐ Yes
If yes, please specify: _____

Parent's Consent

☐ **I GIVE MY CONSENT** for my child to be administered **Albendazole Chewable Tablets I.P. 400 mg** during the Deworming Drive conducted in the school as per the directions of the Directorate of Education.

☐ **I DO NOT GIVE MY CONSENT** for my child to be administered the deworming tablet.

I confirm that the information provided above is true and correct to the best of my knowledge. I understand that I should inform the school of any relevant allergy, medical condition, or medication being taken by my child.

Name of Parent/Guardian: _____

Signature of Parent/Guardian: _____

Contact Number: _____

Date: _____