



5th April, 2019
LIS/ACAD/2019-20/003

Circular

Dear Parent,

Greetings !!

This is to bring to your kind notice that in order to ensure that our students do not get infected by Chicken Pox, we will be providing a 3 day course of "Chicken Pox Homeo Medicine" from Monday to Wednesday i.e. on 8th, 9th and 10th April, 2019.

Kindly fill up the consent form given below so that we can act accordingly.

Regards

Satyaki Banerjee
Head of School

✂-----

Consent Form

I parent of _____ of grade ____ would like (Please tick ✓) / do not want (Please tick ✓) the school to provide the Anti Pox medicine on 8th, 9th and 10th April, 2019. Kindly revert back positively by Monday (8.4.2019) morning.

The medicine would be provided by the management in complete supervision of school staff.

Name of the Parent:_____

Signature with Date:_____



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