

DELHI PUBLIC SCHOOL PATNA

**Campus**

Vill. Chandmari, P.S. Shahpur, Danapur Cantonment, Patna – 801502

Telephone

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E-Mail

info@dpspatna.com

PARENTAL CIRCULAR**April 9, 2018****DPS/PAT/PC/03/18-19**

Dear Parents,

The School Sick Bay is equipped and aims to give your wards prompt medical attention as and when required during the school hours. We take all possible care to cater to the needs of the students in this connection. But this is possible only when you cooperate with us in the real sense of the word.

It is observed that many parents shy away from disclosing the problems suffered by their wards, e.g., breathing problems (bronchitis, asthma etc.) epilepsy, nasal bleeding, cardiac disease (or disorders), congenital disease etc. We want you to know that we make it a point to keep the information provided by you confidential. It is just for the sake of the well being of your ward at school and a sense of confidence and blithe that you may enjoy sitting at home, that we seek this information.

May we request you to fill in the form attached with this circular and send the same to the respective Class Teacher within seven days of receipt of this circular. Kindly remember each piece of information provided by you, would prove decisive in the treatment provided by us (during school hours) in the hour of crisis to the best of our reach and resources.

With regards,

Sd/-

B. Vinod**Principal**

I wish to state that my ward Class/Sec.....
Admn. No..... has been suffering from (disease or / and allergy)
.....
..... for the past months and he/she is under the treatment of
Dr..... whose phone no. is
Whenever he/ she is under the attack of the same he/she is administered
..... (name of the medicine). The photocopy of
the prescription to this effect by the above mentioned doctor is also attached.

Name of the Parent

Phone No. (Off.) (Res.).....

Mobile

Parent's Signature