

# DELHI PUBLIC SCHOOL LUDHIANA

**Campus**

Vill. Jhammat, P.O. Ayali Kalan, Ludhiana – 142027

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**DPS/LUD/PC/002/18-19**

**Date: April 13, 2018**

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 that we seek this information.

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) to the best of our reach and resources.

**Regards**

**Balmit Kaur  
Principal**

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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 .....