

# DELHI PUBLIC SCHOOL LUDHIANA



**Campus**

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

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**DPS/LUD/PC/19-20/002**

**PARENTAL CIRCULAR**

**09 April, 2019**

Dear Parents,

The School Sick Bay is well 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 regard. But this is possible only when you cooperate with us fully.

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/-**

**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 .....