

DELHI PUBLIC SCHOOL COIMBATORE



Campus

Vill. & P.O. Onapalayam, Vadavalli-Thondamuthur Road, Coimbatore – 641109, INDIA

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PARENTAL CIRCULAR

DPS/CBE/PC/2026-27/01

April 9, 2026

Dear Parent

The School Infirmary is well equipped to give your ward prompt medical attention as and when required during school hours. We take all possible care to administer due medical aid and that is only possible when one is equipped with prior knowledge about pre-existing health conditions.

We request you to download and fill out the form appended below and send the physical copy of the same with your ward, who will hand it over to the respective Class Teachers by Monday, 13 April 2026. In case of any special medication/inhaler prescribed to your child, you are requested to report to the school and provide the same, along with the prescription, at the school infirmary. The medicine should be sealed in an envelope, neatly labelled with the name of the student, admission number, class and section. The same will be kept in the school infirmary in case the need arises for its administration.

It has been observed that many parents shy 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 any information provided by you in this regard is kept confidential. The information sought here is crucial in providing the correct treatment/medicine to your child in case such a need arises during school hours. In case of non-receipt of this information, the school will not be able to provide immediate medical assistance to your child and thus cannot be responsible for any unfortunate happening.

Regards

Team DPS



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 compromised by this condition (name of the medicine) should be administered. The photocopy of the prescription to this effect is also attached.

Name of the Parent Phone No. (Off.)

Mobile Parent's Signature.....