



Republic of the Philippines
Department of Education
SOCCSKSARGEN REGION
SCHOOLS DIVISION OF KORONADAL CITY

ACKNOWLEDGMENT AND CONSENT

This is to acknowledge receipt of the Notification Letter regarding the conduct of free deworming services.

I have read and understood the information regarding the intended health service to be given to my child.

Yes, I will allow my child to be provided the health service as per DOH recommendation.

No, I will not allow my child to receive the health service benefits. Reason (Please specify) _____.

Name and signature of Parent/Guardian