

Date: _____

Consent Letter/Slip from Parent/Guardian

**The Principal
A.V.M. Convent School
Dholpur (Rajasthan)**

Subject: Consent to send the ward(s) to school during COVID-19 for offline doubt classes.

Dear Sir,

**I,....., father/mother of,
class Sec:, S.R. No.:,**

Please permit my child to attend offline doubt classes from_____.

I understand that the school has taken all the safety measures as each child is of utmost importance of the school.

As a parent, I have given the accurate information regarding the health of my child, special conditions and special care needed in case of any emergency.

I understand that the school will take all the necessary steps to ensure the safety of the child throughout the conduction of guidance sessions as per the willing of the parents/Students during this difficult time of COVID-19.However in case of any unforeseen circumstances beyond the control of the school, I will not hold the school responsible.

Mobile No. Email

Signature of the parent/Guardian:

Date: _____

For office use only

Application No., File No.....

Sig. of Authority:.....

CONSENT FORM FOR SENDING MY CHILD TO SCHOOL (Session 2021-22 : Class IX to XII)

In accordance with the SOP determined by the authorities, I understand that sending children to schools is completely at the discretion of the parents.

- I am free either to send or not to send my child to school.
- *That my ward will carry everyday to school a mask (an additional extra, if one gets lost or soiled), water bottle, lunch box, sanitizer bottle for his/her personal use.*
- I also understand that everyday there will be temperature check at the school gate and any child with temperature of more than 98.6° F, will be sent back.
- I have advised my child all hygiene norms and health related guidelines of the school.
- I consent to comply with any testing; health monitoring and contact tracing protocol that the school may determine prudent to maintain a safe campus environment.
- I understand that given the unknown nature of COVID-19, it is not possible to fully list each and every individual risk of contacting COVID-19. Hence, I shall not hold the school responsible in case my child gets infected by it.
- I accept full responsibility for bearing all medical and hospital expenses and any other related expenses resulting out of my child getting the infection.
- I hereby undertake not to initiate any legal action for damages or criminal action of any nature whatsoever against the school authorities and management in the event of my ward or anyone else contacting Covid-19 and consequences thereof.
- **Kindly deposit this consent form before 31/08/2021 along with your Self Attested Identity Proof Copy at School Reception between 09.00 am & 1.00 pm on any working days**