Consent Form

<u>Parents' consent for sending his/her son/daughter to attend the class/Exam in the school physically</u>

I hereby convey my consent for my son's/daughter's attendance in the school physically, who shall abide by the guidelines laid down by the school.

Name of the Child:		Date o	of Birth					
Admission No:	Class	Section	Roll No					
Address:- House No		Street/ Road:						
Village/ City:		P.O						
P.S	Sub	-division:						
Nearest PHC:								
Does your child suffer from any medical conditions/allergies that the school authority should be								
aware of (including any current medication)								
Has the child been tested posit	ive for COVID-	19 if yes:-						
1. Place of treatment:								
2. Date on which tested p	ositive:							
3. Date on which tested n	egative:							
4. All the details concern	ing testing and to	reatment attache	ed.					

CONSENT (please read carefully and sign after understanding and consenting)

- 1. I agree to my son/daughter attending physically classes in
- 2. I confirm to the best of my knowledge that my son/daughter does not suffer from any medical condition other than those listed above.
- 3. I confirm to the best of my knowledge that my son/daughter has not come in contact with COVID 19 patients in the last 72 hours.

- 4. I confirm to the best of my knowledge that no one in our family is affected with COVID 19 virus for the past one month.
- 5. I consent to my son/ daughter travelling by the school bus provided by the school authority.
- 6. I will not hold the school authority responsible in case of my child coming in contact with any persons in the school suffering from COVID 19 during these days.

By signing this consent form, I am agreeing to follow all the guidelines set out by								
school, and I understand that if I do not follow these guidelines my								
son/ daughter is liable to any corrective measures by the school authority including debarring								
from attending the school physically. I affirm that all the details provided in this form are true to								
the best of my knowledge.								
Parent's Name: Signature: Signature:								
Child's Name: Signature: Signature:								
Place: Date:								

Undertaking By Students

To, The Principal Holy Cross School Agartala

Letter of voluntary consent to attend classes/Examination in school physically

Sir,

I hereby convey my voluntary consent to attend classes in school physically and undertake that I shall strictly abide by the guidelines stated here under and I shall also abide more guidelines if issued in future by the school authority.

- 1. That I will keep 6 feet distance from another person as long as I am in the school campus wherever possible.
- 2. That I will use face cover/mask as long as I am in the school campus and in the bus.
- 3. That I will wash my hand (for at least 40-60 seconds) and sanitize my hands with sanitizers as soon as I enter the school campus.
- 4. That I will always properly cover my mouth and nose and also when coughing / sneezing with tissue / handkerchief / flexed elbow and dispose off used tissues properly.
- 5. That I will report to the concerned person in the school of any physical syndromes of any sickness.
- 6. I shall not spit anywhere in the school except in the washing basin.
- 7. That I am coming to the school upon my free will for taking guidance from the teachers.
- 8. That I am not coming from a containment zone.
- 9. That I have not visited areas falling within containment zones in the last 72 hours.
- 10. That I am not suffering from underlying medical conditions.
- 11. That if I am found to be symptomatic I shall follow the instruction from school authority and be taken to nearest heath Centre.
- 12. That I shall not move from my allotted place in the school unless permitted by appropriate authority.
- 13. That I shall not share items like pencil/pens, notebooks, eraser, water bottles and all that I bring to the school with anyone else in the school.
- 14. That I shall not touch any of the things that belong to another person as long as I am in the campus.
- 15. That I shall sanitize my hands before and after using any of the training equipment's in the labs or books in the library.
- 16. That not following the instructions and guidelines of the school authority or the person assigned by the school, I will be liable to corrective measures.

Name of the student:	Sig	gnature of the student:	
Class: Roll No:			
Authenticated by the parent:-			
Name of the parent:		Signature of the parent	
Place: Date:			