

D.A.V. PUBLIC SCHOOL, POKHARIPUT, BHUBANESWAR -20

PARENTS CONSENT FORM

I/We _____ father/mother
/guardian of Master/Miss _____
of class **X / XII**, Sec. _____ School No. _____ do hereby submit
my /our consent slip for sending my ward(s) to attend the Offline Class in the
school premises after fully satisfied about the provision made by the school for
reopening of the school w.e.f 2nd August 2021.

I also do hereby undertake that I will ensure not to send my child if he/she
suffers from cold/cough/fever or any other symptoms of COVID or any other
viral infections. I/we will enforce my ward for wearing of mask as well as use of
pocket hand sanitizer by my child in the school premises.

Signature of Mother

Signature of father/guardian

Signature of student

Mobile No.

Address & E-Mail ID: