

ASN Senior Secondary School
Mayur Vihar-I, Delhi- 110091

CONSENT FORM

I, _____ father / Mother of
_____ Student of Class _____ Section
_____ Admission No _____ do hereby give my consent to allow my ward to attend
classes / practical examination.

I acknowledge and agree to the following terms to be followed in the school premises:

- I and my ward agree to follow the Standard Operative Procedures issued by the Directorate of Education, Govt. of NCT, Delhi.
- I understand and acknowledge the guidelines regarding COVID APPROPRIATE BEHAVIOUR(CAB) during my ward's stay in the school.
- I understand that thermal screening and sanitization are mandatory before entering the premises.
- I agree to strictly adhere to the additional safety measures as outlined in the guidelines. (compulsory use of mask, physical distancing and other hygiene guidelines to prevent COVID-19)
- I understand that I will not send my ward if he/she has fever, cough, fatigue, difficulty in breathing, headache, loss of taste or smell or any other Covid related symptoms.
- If my ward shows any Covid related symptoms while in the school, I will immediately collect my ward from the school.
- I understand that drop off and pick up will be my solely responsibility.

By signing this consent form, I am agreeing to follow the rules set by the school further, I will not hold school responsible for any other unforeseen problems due to Covid.(health or other)

Name of Father/Mother/ Guardian: _____

Signature of Father/Mother/ Guardian: _____

Date: _____ **Mobile No.** _____ **Emergency Contact No.** _____