

## Parent Consent Form

Name of Student .....

Parent/ Guardian .....

Course (Skill Development Vocational Training) / (Computer Training for Govt. Job Examination)

Address: .....  
..... Pincode .....

Mobile: .....

Does your child suffer from any medical conditions/allergies in Lockdown Period If Yes Please Mention

.....  
.....

**Emergency contact details:** (If different from above)

Name: ..... Telephone no: .....

Relationship to child: .....

**CONSENT** (please read carefully)

- a) I have no objection and giving my consent to my son/ daughter taking classes offline in your institute i.e. **Sriram Institute of Professional and Vocational Studies.**
- b) I confirm to the best of my knowledge that my son/ daughter does not suffering from any Fever, Cold, or any symptoms which is related to COVID 19.
- c) I give my consent that my son/ daughter will travel by himself / herself by any form of public transport, bus or motor vehicle with safety.
- d) I assure you that my child will follow all the guidelines which the central / state government and institute issued for taking precaution of COVID 19. **(Eg. Wearing Mask, Bringing Own Water Bottle, own Sanitizer, Social Distancing etc.)**
- e) I assure you that before leaving home for the class, I will personally identify the health condition of my son/ daughter. If there will any health illness will be found, I will not allow him/ her to go for the studies.
- f) I understand this Pandemic condition, and I assure you that my child will take care himself/ herself.

The information I have given in this form is complete and accurate. By signing this form on \_\_/\_\_/\_\_, I confirm that I have fully informed myself of the contents of this Parental Consent and Release Form by reading it before I signed it. I warrant that I possess all the rights, powers, and privileges of a parent or legal guardian necessary to execute this document with binding legal effect.

Signed ..... (Parent/ Guardian)      Date: .....