

**D.A.V. PUBLIC SCHOOL, POKHARIPUT, BHUBANESWAR – 20**

**PARENTS CONSENT FORM**

I/We \_\_\_\_\_ father/mother  
/guardian of Master/Miss \_\_\_\_\_ of Class  
VIII/IX/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. 07.02.2022.

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 the Mother      Signature of Father/Guardian      Signature of student

Mobile No.

Address & E-Mail ID .: