

**DAV MADAN MOHAN PUBLIC SCHOOL, ICHHAPUR, BHADRAK**  
**PARENTS CONSENT FORM**

I Mr/Mrs \_\_\_\_\_ (father/mother) of Master/Miss \_\_\_\_\_ of Std.X bearing School number \_\_\_\_\_, Class Roll Number \_\_\_\_\_ Sec \_\_\_\_\_ do hereby declare that I am fully satisfied with the provisions made by the school for reopening of the school w.e.f 08.01.2021.

I whole heartedly give my consent to send my child for attending the offline classes w.e.f 08.01.2021 on the school premises.

I 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 other viral infections. I/we will enforce wearing of mask as well as use of pocket hand sanitizer by my child.

Full signature of parents with date

Mob. No.

E Mail: