

**CONSENT FORM**

Name of Ward:

Class of Ward:

Admission Number:

Father's Name:

Mother's Name:

Address :

I,....., Father/Mother/Guardian of  
..... reading in Class ..... Give my CONSENT for  
my Ward to attend the physical classes to be held on Campus. I will not hold the  
institution liable should my ward contract Covid-19. I will ensure all safety  
measures at home and send ward only if he is healthy and fit.

Father's Signature

(Name: )

Mother's Signature

(Name: )

Date: