

**CONSENT LETTER FOR VACCINATION DRIVE FOR (15 YRS – 18 YRS)**

To,  
The Principal  
U. P. Public School

We, Mrs. \_\_\_\_\_ (MOTHER) &  
Mr. \_\_\_\_\_ (FATHER), parents of  
Master/Ms \_\_\_\_\_ from Class \_\_\_\_\_ Stream/Section \_\_\_\_\_

& Roll No: \_\_\_\_\_, attended/understood the Operating Procedure discussed in the Virtual Online Class from 3rd January 2022 via Microsoft Teams regarding VACCINATION OF SCHOOL CHILDREN (**15 YRS – 18 YRS**) maintaining every protocol & Guideline of COVID'19 and do agree/disagree to give our clear consent to send our child for Vaccination to school on 7th January 2022.

**PLEASE PROVIDE MOBILE SET ALONG WITH AADHAR CARD.**

**STUDENT SHOULD TAKE MORING REFRESHMENT/BREAKFAST/LUNCH BEFORE REACHING SCHOOL CAMPUS.**

**FATHER/MOTHER ALONG WITH THEIR WORD SHOULD REPORT SCHOOL AT 9:15 AM, AND CAN TAKE STUDENTS IMMEDIATELY AFTER VACCINATION WITH PROPER INTIMATION.**

**PLEASE BRIEFLY WRITE ANY MAJOR MEDICAL ISSUES OF YOUR CHILD AND ATTACH RELEVANT DOCUMENT WITH THAT CONSENT LETTER**

**TIME TO REACH SCHOOL CAMPUS IX, XI AND OTHER SELECTED STUDENTS: 9:15 AM**

**FOR STD X AND XII: 10:45 AM**

**FOR TRANSPORT DETAILS PLEASE CALL: 9775278049**

**FOR GENERAL INFORMATION: 9233333101, 8927525343 & 7363048762**

\* I WILL ACCOMPANY OUR CHILD IN NEAT & COMPLETE SCHOOL UNIFORM ALONG WITH A XEROX COPY OF AADHAR CARD ALONG WITH ORIGINAL AADHAR CARD. HE/SHE WILL CARRY SANITIZER, WEAR MASK, CARRY WATER BOTTLE, TIFFIN AND MAINTAIN SOCIAL DISTANCE.

\* WE CONFIRM TO THE BEST OF MY KNOWLEDGE THAT NO ONE IN OUR FAMILY IS AFFECTED WITH COVID 19 VIRUS FOR THE PAST 21 DAYS

\* WE CONFIRM TO THE BEST OF MY KNOWLEDGE THAT MY SON / DAUGHTER HAS NOT COME IN CONTACT WITH COVID 19 PATIENTS IN THE LAST 72 HOURS

\*PLEASE ANNEX ALL THE REPORT RELATED TO ANY MAJOR HEALTH RELATED ISSUES.

Our Current Emergency Number/(s): \_\_\_\_\_

Signature of the Student with Date: \_\_\_\_\_

Signature of MOTHER with Date: \_\_\_\_\_

Signature of FATHER with Date: \_\_\_\_\_

I MRS. \_\_\_\_\_ (MOTHER)/MR. \_\_\_\_\_ (FATHER) WILL ACCOMPANY FOR HIS/HER VACCINATION TO BE HELD ON 7<sup>TH</sup> JANUARY, 2021 IN THE SCHOOL PREMISES.

\_\_\_\_\_  
SIGNATURE OF MOTHER/FATHER WITH DATE