

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 Class from 11th & 12th February 2022 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 16th FEBRUARY 2022.

Date of First Vaccination:

Willing to get from school campus:

Date of 2nd Vaccination: _____ ***(PLEASE PROVIDE 1st VACCINATION CERTIFICATE)**

Willing to get from school campus:

PLEASE PROVIDE MOBILE SET ALONG WITH AADHAR CARD.

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

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

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

TIME TO REACH SCHOOL CAMPUS IX, XI AND OTHER SELECTED STUDENTS(STD VIII): 9:15 AM

FOR STD X AND XII:

10:15 AM

FOR TRANSPORT DETAILS PLEASE CALL: 9775278049

FOR GENERAL INFORMATION: 9233333101, 8927525343 & 7363048762

*** I, Mother/Father, 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 OUR 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 16TH FEBRUARY, 2022 IN THE SCHOOL PREMISES.

SIGNATURE OF MOTHER/FATHER WITH DATE