

# GAIL DAV PUBLIC SCHOOL

Gail Gaon ,Dibiyapur ,District- Auraiya ( U.P )

( Project School Managed by DAV College Managing Committee Chitra Gupta Road, New Delhi )

Ref No: GAIL DAV/2021-2022/

Date: 11.09.2021

## CONSENT FORM FOR SENDING MY CHILD TO SCHOOL

[ In compliance with the order No 1467/15-7-2020- 1(52)/2021of UP Govt ,dated August 02,2021 ]

As a sincere parent of Gail DAV Public School ,Gail Gaon ,Dibiyapur and a responsible citizen of India , I understand that sending children to schools is completely at the discretion of the parents.I agree and accept the fact that Gail DAV Public School ,Gail Gaon ,Dibiyapur has taken all possible measures to provide a safe and secure community to its students , staff and visitors. However ,since it is practically not possible for school to prevent all risks of infection, I , in my conscience , willingly give the following consent :-

1. By submitting the Consent Form , I am agreeing to sending my child to school voluntarily.
2. I accept full responsibility for familiarizing myself with the most recent updates and complying with the same at all times while on the school premises.
3. I understand and acknowledge that my ward will have to carry everyday to school a mask (an additional extra if one gets lost or soiled) and a sanitizer.
4. I also understand that everyday there will be temperature check at the school gate and my child with temperature of more than 100° F will either be sent back with the parents ( if they come with parents) or made to sit in the isolation room and parents will be informed to come and take them home.
5. I will ensure that my child follows all hygiene norms and health related guidelines of the school at all times.
6. I acknowledge that GAIL DAV PUBLIC SCHOOL ,Gail Gaon ,Dibiyapur has done its best to implement recommendations of the Ministry of AYUSH , the Ministry of Health , State and Local Administrative guidelines and has put in place preventative measures to reduce the spread of COVID-19.However , because of the nature of the virus being so, the school cannot assure that my ward will not be infected with COVID -19.
7. I understand and consent to submit and comply with any testing , health monitoring and contact tracing protocol that the school has determined/ may determine in future which is prudent to maintain a safe campus environment.
8. I understand and acknowledge that given the unknown nature of COVID-19 , it is not possible to fully list each and every individual risk of contacting COVID-19.Hence.I shall not hold the school responsible in case my child gets infected by it in future.
9. I understand that the school will take reasonable measures to ensure the confidential and private nature of the testing and health monitoring information it may obtain from students, however the school may share such information with certain public health officials/local administration with a legitimate need to know this information.
10. In case of symptoms of COVID -19 surfacing in my child , I shall take him/her away from the school immediately and I shall send him/her back to school again only when he /she completely recovers from COVID-19. I understand and accept the fact that I shall have to submit an RTPCR negative covid test report to the school when my child joins back school.
11. I accept full responsibility for bearing all medical and hospital expenses and any other related expenses resulting out of my ward getting the infection.

12. I hereby undertake not to initiate any legal action for damages or any other criminal action of any nature whatsoever against the school authorities and management in the event of my ward or anyone else contacting COVID-19 and consequences thereof.
13. I understand that in case of my ward's school fee not being clear every quarter by the due date , he/she may not be able to avail certain standard academics being provided by the school online. The child will not be able to take the offline classes being held in school either. However , the child will continue to avail the basic online classes.

To,  
THE PRINCIPAL  
GAIL DAV PUBLIC SCHOOL  
GAIL GAON,DIBIYAPUR  
AURAIYA ( U.P ).

DECLARATION AND CONSENT

I , ..... father / mother of ..... a student of GAIL DAV PUBLIC SCHOOL ,Gail Gaon , Dibiyapur in class ..... section ..... having admission No ..... agree to abide by all the 13 points stated above concerning COVID-19 or related issues as amended/ updated from time to time by the school and communicated vis SMS,E-mail or WhatsApp to students and parents. I hereby certify that my child is not COVID positive and my child has the consent to attend the school ( OFFLINE Mode).I ,accept and declare that though the school is taking all possible measures to check possibilities of the infection yet in case my child gets infected with COVID-19, I will not hold the school responsible in any way and I will send my child back to school only when he/she is completely cured from COVID-19 and is certified accordingly.

Name of the Parent Mrs. /Mr. \_\_\_\_\_ Signature : \_\_\_\_\_

Date : \_\_\_\_\_

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Name of the Parent Mrs. /Mr. \_\_\_\_\_ Signature : \_\_\_\_\_

Date : \_\_\_\_\_

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