

The Registrar

Date:

Sri Aurobindo International Centre of Education
Pondicherry

Letter of consent for my child/children to attend all activities, including physical education, at Sri Aurobindo International Centre of Education, Pondicherry (SAICE)

We, _____,
(FULL NAMES IN CAPITAL LETTERS) parents of:

FULL NAME IN BLOCK LETTERS

SECTION

- 1.
- 2.
- 3.

confirm that our child (any/all of those listed earlier) have not tested positive for COVID-19, since _____ (14 days prior to starting physical classes), nor have displayed, since then, any known symptoms - Fever above 100 degrees Fahrenheit, Shortness of Breath, Loss of Sense of Taste or Smell, Body Ache, Dry Cough, Runny Nose, or Sore Throat.

I/We confirm that we provide our express voluntary consent to enable our child/children to join the physical classes and all physical education activities conducted by SAICE.

I/We confirm that if our child/children displays any COVID-19-like symptoms on any date after the above date and during the coming academic year, I/We shall not send them to School/Group and agree they may be sent home from School/Group if they display any such symptoms during the day and they may not be permitted to attend School/Group until they recover.

I/We authorise SAICE to take all necessary actions in the event of any medical event during School/Group hours.

I/We agree to abide by any and all Rules and Regulations promulgated by Sri Aurobindo International Centre of Education (SAICE) concerning COVID-19 or related issues, as amended from time to time, by SAICE (“SAICE COVID Rules and Regulations”).

By signing this Letter of Consent for my child/children listed above to attend all activities, including physical education, of the SAICE during the academic year 2020-21, I/We acknowledge the contagious nature of COVID-19 and voluntarily assume the risk that my child/children mentioned above, family or friends, or anyone who has contact with such persons may be exposed to or infected by COVID-19 because he/she/they attended School and that such exposure can potentially have serious medical consequences to my child/children, family or friends, or to anyone with whom such persons may have contact.

I/We understand that the risk of becoming exposed to or infected by COVID-19 may arise despite all necessary precautions being taken by SAICE and can result from the actions, omissions, or negligence of other parents, students, and others.

Signed: _____
Mother

Father

Mobile: _____

Email: _____
