

CIRCULAR 2021-22

SELF HEALTH DECLARATION FORM FOR REJOINING FOR CLASSES VII & VIII

Date : _____
Name of the Student _____ Class / Sec. _____
Student I.D. _____
Mobile No. : _____ E-mail ID : _____

SELF HEALTH DECLARATION FORM

I, _____ F/M/of _____, from _____
Class / Sec. _____, hereby accord my consent for my ward to rejoin School, for studies. I am aware of the risks related to COVID-19 which my ward maybe exposed to during this period and accept.

Student I.D. _____ Signature of Child _____
Date : _____ Signature of Father/Mother _____

Name of Father _____ Name of Mother _____

I hereby declare that :

- My ward is not suffering from any fever, cough, respiratory distress or any other symptom suggestive of COVID-19 infection.
- My ward is not residing in any containment zone.
- My ward is not under quarantine.
- My ward is not tested COVID-19 positive in the last three weeks.
- My ward will adhere to the health protocol prescribed.
- If my ward or any one in the family ever develops any of the above mentioned symptoms I will immediately contact the concerned health authorities and shall not send my ward to the School. In case my ward is found to be suffering from COVID-19, I give my consent to the School authorities to share the details with Public Health Authorities, as per the Epidemic Act.

I agree to the above and take responsibility for my ward.

Signature of Child _____ Sign. of Father/Mother _____

Name of Father _____ Name of Mother _____

- N.B.** :-
1. No eatables are allowed in the School campus.
 2. The child will maintain social distancing norms.
 3. The child will wear a mask at all times during the School hours.
 4. No sharing of Books / Stationery is allowed.
