

## Consent Form to be Signed by Parents

As a sincere parent and responsible citizens of India, I understand that sending my ward to Sri Sri University (SSU) is completely as per my discretion. I agree and accept the fact that SSU has taken all possible measures to provide a safe and secure community to students. However, since it is practically not possible for the university to prevent all risk of infection, I in all my conscience, willingly give my consent for the following:

- (a) I understand that I am free either to send or not to send my ward to SSU.
- (b) By submitting this consent form I agree to send my ward to SSU voluntarily.
- (c) In case of symptom of Covid-19 surfacing in my ward, I shall take him/ her from the university immediately and I shall send him/ her back to university only when S/he completely recovers from Covid-19 with a certification from the doctor.
- (d) I accept full responsibility for familiarizing myself with the most recent updates on guidelines regarding Covid 19 and my ward will comply with the same at all time while S/he is in the campus.
- (e) I understand and acknowledge that my ward will use mask and hand sanitizer while S/he is in the campus.
- (f) I also understand that every day there will be temperature check at the academic block and if S/he is found to have temperature more than 98.6° F, then will be sent to isolation room and parents will be informed accordingly.
- (g) I will ensure that my ward follows all hygiene norms and health related guidelines as promulgated by the university from time to time.
- (h) I understand and give my consent to submit and comply with any testing, health monitoring and contact tracing protocols that university has determined/ may determine in future which is prudent to maintain a safe and secure campus environment.
- (i) I understand and acknowledge that given the unknown nature of Covid-19, it is not possible to fully list each and every individual risk related to Covid-19. I shall not hold the University responsible in case my ward gets infected by it in the future.
- (j) I understand that the University will take reasonable measures to ensure the confidential and private nature of testing and health monitoring information. However, the university may share such information with certain public health officials/ local administration with a legitimate need to know this information.
- (k) I accept full responsibility for bearing all medical, hospital and other related expenses resulting out of my ward getting the infection.
- (l) I also understand that I will instruct my ward neither to share any of his/her belongings with his/her friends nor to accept anything from others.
- (m) I have gone through the guidelines framed by the UGC, State & Central Government and the University from time to time in this regard.

### Declaration / Undertaking

I \_\_\_\_\_, father/mother of \_\_\_\_\_ studying at SSU in Department \_\_\_\_\_ having registration number \_\_\_\_\_ hereby declare and undertake to abide by all the points stated above concerning Covid-19 and related issues as amended/updated from time to time by the University/Central & State Government and communicated via email to student and parents. I hereby certify that my ward is not Covid-19 positive and has my consent to attend the university as Day Scholar/Hosteller.

Name of father/mother \_\_\_\_\_ Contact number \_\_\_\_\_

Alternate Contact No. \_\_\_\_\_ Email id: \_\_\_\_\_

Address \_\_\_\_\_

Date:

Signature of student

Signature of Parents

**Note: Enclose Photocopy of Aadhaar Card of Parent**