



St. John's School Whitehall

Founded in 1974 by Mr. Robert Z. Street

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CONSENT FORM

I, _____ the undersigned, parent of _____
of class _____ hereby affirm and undertake the following:

I understand and acknowledge the Guidelines of the Government of India, Ministry of Health and Family Welfare as regards to SOPs for re-opening of schools and hostels for students.

I assure that my son/daughter mentioned below has not as of date tested positive for COVID-19 and is not showing any of the symptoms of COVID-19.

I understand that it is impossible for the school to completely prevent the risk of infection.

I understand that the risk of becoming exposed to or being infected with COVID-19 at the school may result from the actions, omission, or negligence of myself and others. I understand that the school cannot limit all potential sources of COVID-19 infection.

By signing this consent form, I acknowledge the contagious nature of COVID-19 and the fact that it can be difficult to identify in another and the inherent risk of exposure.

I acknowledge that St. John's is dedicated to providing a safe environment and has put in place policies and procedures to mitigate COVID-19 in the school campus and thereby voluntarily consent my child to attend the school and hostel.

I have read and agree to abide by the SOPs as outlined in the Guidelines which is displayed on the School Notice Board and available in School Website for re-opening of schools and hostels.

Name of the Student: _____

Name of the Parent: _____

Signature: _____

Signature: _____

Email ID: _____

Email ID: _____

Phone/Signal/WhatsApp No: _____

Phone/Signal/WhatsApp No: _____

Address: _____

Date: ____/____/____