

CONSENT FORM

DATE:

STUDENTS NAME :

CLASS/SEC:

- I acknowledge the contagious nature of the Coronavirus /COVID-19 and that the Government and many other public health authorities still recommend practicing social distancing.
- I further acknowledge that NORTH-Ex PUBLIC SCHOOL, Sector-3,Rohini, Delhi-110085 has Put in place preventative measures to reduce the spread of the Corona virus/covid- 19.
- I further acknowledge that North-Ex Public School ,Sector-3,Rohini,Delhi -110085 can Not guarantee that I will not become infected by the Coronavirus /COVID-19 may result from the actions, omissions, or negligence of myself and others ,including, but not limited to staff, and other workers and their families.
- I voluntarily seek services provided by North-Ex Public, Sector-3 Rohini,Delhi-110085 and acknowledge that I am increasing my risk to exposure to the Coronavirus/COVID-19.I acknowledge that I must comply with all set procedures to reduce that spread while attending my appointment .

I attest that:

- I am not experiencing any symptom of illness such as cough ,shortness of breath or difficulty breathing, fever, chills, repeated shaking with chills, muscle pain, headache, sore throat ,or new loss of taste or smell.
- I have not traveled internationally within the last 14 days.
- I have not traveled to a highly impacted place in the last 14 days.
- I do not believe I have been exposed to someone with a suspected and/or confirmed case of the Coronavirus /COVID-19.
- I have not been diagnosed with Coronavirus /Covid-19 and not yet cleared as non contagious by state or local public health authorities.
- I hereby release and agree to hold North-Ex Public School, Sector-3,Rohini,Delhi- 110085 harmless from, and waive on behalf of myself ,my heirs, and any personal representatives and any all causes of action ,claims ,demands ,damages, costs ,expenses and compensation for damage or loss to myself and/or property that may be caused by any act, or failure to act of the North-Ex Public School, Sector3,Rohini,Delhi110085,or that may otherwise arise in any way in connection with any services received from North-Ex Public School, Sector-3,Rohini ,Delhi-110085,or that may otherwise arise in any way in connection with any services received from North –Ex Public School, Sector-3 Rohini, Delhi - 110085. I understand that this release discharges North-Ex Public School, Sector 3, Rohini,Delhi-110085 from any liability or claim that I, my heirs, or any personal representatives may have against the school with respect to any bodily injury, illness, death, medical treatment ,or property damage that may arise from, or in connection to any services received from North-Ex Public School, Sector 3, Rohini, Delhi-110085.This liability waiver and release extends to the school tighter with all owners, partners, and employees.

Parent Name:

Address & Contact Number:

Parent Signature: