

## **CONSENT LETTER**

To

The Principal

Amrita Vidyalayam, Sr.Sec.School,

KK Nagar,

Chennai

I Mr./Mrs. \_\_\_\_\_ (Father/Mother) of \_\_\_\_\_ (Name of Student) of Class \_\_\_\_\_ give my consent to my ward to attend Physical Classes at School. I am aware of the precautionary measures and the guidelines given by the Institution. I assure that my ward will follow the instructions given by School with regard to Covid-19 Pandemic.

Vaccination Status:

Father : I dose/ II dose/ not vaccinated

Mother : I dose/ II dose/ not vaccinated

Name :

Signature :

Date :

Mobile No.: