

KV Ranga Reddy Degree College for Women
I S Sadan Crossroads, Saidabad, Hyderabad

Parent Consent Form
(To be filled-in by parent/guardian)

Dt: _____

I, _____ father/mother/guardian of _____ studying I/II/III year BSc/BCom with _____ as group combination and bearing Roll No _____, during the academic year 2020-21, hereby agree to abide by the regulations stated by the Government regarding COVID – 19 or related issues as amended/updated from time to time by the Government or College and communicated via different means of communication to students and parents. I hereby certify that my daughter/ward is not COVID positive and my daughter/ward has my consent to attend classes at the college as per the time table by following the instructions given hereunder.

Special Instructions:

1. Wear a mask over nose & mouth and carry personal sanitizer.
2. Maintain physical distancing and not to form into groups outside and within the premises.
3. Not to attend the college if experiencing cough, cold, fever etc.
4. Always cover your mouth and nose with a tissue when you cough or sneeze or use the inside of your elbow and do not spit.
5. It is advised to carry personal drinking water bottle and not to share food with anyone.
6. It is mandatory to wear hand gloves during practical sessions.

Emergency Contact Persons:

1. Name & Contact number : _____
2. Name & Contact number : _____

Signature of Parent/Guardian with date _____

Student Undertaking

I, _____ d/o _____ studying I/II/III year BSc/BCom with _____ as group combination and bearing Roll No _____, during the academic year 2020-21, hereby undertake that I will follow all the instructions as amended/updated from time to time and cooperate to have a safe, healthy and COVID-19 free environment for the conduction of offline class work at College.

Student Signature with date _____