**Dawood Public School**

**Grades KG I and KG II (Both Shifts)**

**Ref.No:STD/AC/21/108**

**Subject: Parent Consent Form for School Reopening**

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Parent/Guardian of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_of Grade \_\_\_\_\_\_\_\_ of Dawood Public School (DPS), Karachi, holding CNIC No. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ hereby confirm the following:

1. I am aware that the Government of Pakistan has allowed schools and universities across the country to resume classes in person.
2. While the Dawood Public School, is desirous of ensuring the safety and wellbeing of all students in the current situation of the COVID-19 pandemic, I fully understand that my child (ren) will have to attend face-to-face classes if I choose for them to return to school.
3. I agree to ensure that my child(ren) adhere to all the required health and safety protocols outlined by the school, including but not limited to social distancing, hand hygiene and wearing masks.
4. By signing this agreement, I acknowledge the contagious nature of COVID-19 and voluntarily assume that my child might be at risk.
5. I understand that the risk of becoming exposed to or infected by COVID-19 at school may result from the actions, omissions, or negligence of myself / my child (ren) and others, including, but not limited to, school employees, volunteers, and their families.
6. I understand that despite taking all precautions and safety measures, my child (ren) may contract the COVID-19 virus and I hereby agree to hold DPS harmless from any liability in case my child (ren) or other family member(s) develop symptoms of the COVID-19 virus.
7. That my child / family has not traveled in past fourteen days. If she has, I understand that my child can resume back to school after she completes the quarantine period of fourteen days.
8. I shall not send my child to school if she is not feeling well, irrespective of whether the symptoms are of COVID-19 or any other illness.
9. If my family comes in contact with any person who is COVID-19 positive, I will inform the respective section head immediately via email given below.

 For KG I and KG II (Both shifts) nusrat@dps.edu.pk

1. I understand that the school will not allow my child to enter the premises if she has fever or any other symptoms of COVID-19.

Signature of Parent/Guardian: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Parent/Guardian: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_