

Dr. Mahalingam College of Engineering and Technology
Pollachi-642003
COVID 19- Parent Consent Letter

Date:

To

The Principal
Dr. Mahalingam College of Engineering and Technology ,Pollachi- 642003.

Through

The Head of the department

Respected sir,

I _____ Father/ Mother/ Guardian of _____ Roll No
_____ Class _____ Department _____ and resident of
_____do

hereby permit my son/ daughter to attend the college from _____.

Hereby I undertake that,

1. I assure that my ward shall follow all the guidelines given by the college and maintain complete social distancing to ensure the safety and health. I shall provide the face mask to my ward and advise him/ her to maintain personal hygiene.
2. My ward will immediately inform the respective HoD/ Class Coordinator in case of any symptoms such as cold, cough, fever, headache and any other symptoms relating to COVID 19 during the offline classes.
3. I give permission to provide first aid treatment for my ward at NIA Health Centre in the campus, if needed.
4. My ward will cooperate with the health monitoring and sanitization procedures like temperature scanning, oxygen level measurements and hand wash/ alcohol hand sanitization followed in the college.
5. I assure that my ward shall follow the Standard Operating Procedure (SOP) of the Government of Tamilnadu (GO.MS.No:3133/A3/2021 dated 23.08.2021) and guidelines provided by the college.
 - a) Students should wear face cover/ face mask throughout the day and follow physical distancing compulsorily inside the campus.
 - b) Students should not bring unnecessary things that are not relevant to academics inside the campus.
 - c) Students should follow physical distancing in class rooms, laboratories, pathways, cafeteria, library and etc.,
 - d) Students should not exchange their food items/ belongings with their friends.
 - e) During the college working days, if there is a need to avail leave, it is mandatory to submit the reason for the leave and the place of visit to concern HoD/ Class coordinator/ Hostel authorities. After availing leave, the student should submit the detailed travel history to HoD/ Class coordinator/ Hostel authorities.
6. I assure that my ward will not move away from the campus/ Hostel without proper and prior permission from Class coordinator / Hostel authorities.
7. I shall be personally responsible, if there is an untoward incident like COVID-19 infection with my ward. I shall not blame anybody in the college for such incident.
8. I understand that drop off and pick up vehicle will be in the designated zone and I will adhere to it.

Mobile No : _____

Parent Signature : _____
Parent Name : _____

PC

HoD