

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 to permit my son/ daughter to attend the classes resuming 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 bring to notice of respective HoD/ Class Coordinator in case of any symptoms such as cold, cough, fever, headache and any symptoms relating COVID 19, he/she may experience during the course of offline class at MCET campus.
3. I give permission for emergency first aid treatment for my ward to be treated by a Doctor/Nurse in the NIA Health Centre at MCET campus.
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 (G.O-Ms- No. 84 dated 31.1.2021) and guidelines given by the college.
 - a) The students should wear face cover/ face mask throughout the day and follow physical distancing compulsorily inside the campus.

- b) The students should not bring unnecessary things that are not relevant to academics inside the college campus.
 - c) The students should follow physical distancing in class rooms, laboratories, pathways, cafeteria, library and etc.,
 - d) The 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 department HoD/ Class coordinator. After availing leave, the student should submit the detailed travel history to HoD/ Class coordinator.
6. 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.
7. I understand that drop off and pick up vehicle will take place only in the designated zone in the college campus.

Parent Name :
Parent Signature :
Mobile No :

PC

HoD