

**PARENTS CONSENT FORM**

To

*The Principal*

*Kendriya Vidyalaya Bamangachi*

*Howrah*

I, ..... parent of Miss/Master

..... Studying in Class

..... Section ..... Of Kendriya Vidyalaya Bamangachi, Howrah, hereby affirm that I have no objection to my ward attending CMP Cluster Meet Events at either **KV Fort William, KOLKATA on 19th November, 2022** for Sports events or at **KV Garden Reach, KOLKATA** for CCA Events on **26th Nov. 2022**. I give my full consent to drop my ward at Vidyalaya entrance gate at **6:00 AM** on the selected dates and also to pick him/her back at the time conveyed by the Vidyalaya Authorities. I am aware of the fact that my ward will be traveling in a bus to the designated venues. I shall do every possible measure to make my ward comfortable to reduce his / her 'motion sickness', if any. I shall ensure strict discipline for my child to follow and shall not hold KVS responsible for anything arising out of the failure of the student to follow the instructions. I shall remain in contact with the Coordinator for day-to-day instructions.

Name of the CMP Event to attend - ..... Name of the Parent - .....

Signature of the Parent - ..... **Phone number** of the parent - .....

Email of the parent - ..... Blood Group of the Child - .....

Height of the Student (in cms. ) ..... Weight of the Student ( in kgs. ) .....

Address of the Child - .....

**Bonafide Certificate Details**

This is to certify that Master/ Miss ..... ward of Mr. ..... & Mrs. ..... is a regular student of the class ..... In the session 2022-23. His/her Admission no. is ..... & his Date of Birth as per our records is ..... His / her Blood group, height - weight and Aadhar Number and Address is verified with the records available with me.

**Class Teacher of the Participating Student**

**MEDICAL CERTIFICATE**

(Must for Sports Participants)

This is to certify that Master / Miss ..... S/O or D/O ..... has been carefully examined by me and I certify that he/she has no mental and physical illness that hinders him/ her to participate in any Sports related Physical Event which requires physical and mental stamina and toughness. I also certify that he/she is not allergic to any medicine and is not suffering from any skin/ infectious disease that may be detrimental to his/her health and personal hygiene.

His Blood Group is ..... He has signed in my presence on - ..... (date)

Place - .....

**Signature & Name of the Medical Officer (with seal)**

Name of the Doctor (in Block Letter ) - .....

Signature of the Doctor - ..... (This NOC & Medical Certificate is to be compulsorily submitted to the HM on or before 15th November, 2022)