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)

LIVEWORKSHEETS