

## **Annexure-I**

### **THE ICFAI UNIVERSITY, DEHRADUN**

#### **Parents Consent**

#### **For Sending Their Ward to the University for Taking Offline Classes/Examinations During COVID-19 Pandemic**

I agree and accept the fact that the ICFAI University Dehradun has taken all possible measures to provide a safe and secure environment to its students, staff and visitors. However, since it is practically not possible for the University to prevent all risks of infection, I in all my conscience, willingly give the following consent:

- (a) I understand that I am free either to send or not to send my ward to the University.
- (b) By submitting this Consent Form, I am agreeing to sending my ward to the University voluntarily.
- (c) I hereby confirm that my ward has been been partially/ fully vaccinated against Covid-19.
- (d) In case of symptoms of COVID-19 surfacing in my child, I shall take him/her away from the University immediately and I shall send him/her back to University again only when he/she completely recovers from COVID-19. I understand and accept the fact that I shall have to submit an RT-PCR negative COVID-19 test report to the University when my ward joins back University.
- (e) I understand and acknowledge that my ward will have to carry everyday to University a mask (an additional extra if one gets lost or soiled) and sanitizer.
- (f) I also understand that everyday there will be temperature check at the University and any ward with temperature of more than 100F, will either sent back with the parents (If they come with parents) or made to sit in the isolation room and parents are informed to come and take him/her home.
- (g) I will ensure that my ward follows all hygiene norms and health related guidelines of the University at all times.
- (h) I acknowledge that the ICFAI University, Dehradun has done its best to implement recommendations of the AYUSH, the Ministry of Health, State and Local Administrative guidelines and has put in place preventative measures to reduce the spread of COVID-19. However, because of the nature of the virus being so, the University cannot guarantee that my ward will not become infected with COVID-19.
- (i) I understand and acknowledge that given the unknown nature of COVID-19, it is not possible to fully identify each and every individual risk of contacting COVID-19. Hence, I shall not hold the University responsible in case my ward gets infected it in future.

- (j) I accept full responsibility for bearing all medical and hospital expenses and any other related expenses resulting out of my ward getting the infection.
- (k) I hereby undertake not to initiate any legal action for damages or any other criminal action of any nature whatsoever against the University authorities and management in the event of my ward or anyone else contacting COVID-19 and consequences thereof.
- (l) My ward has been advised to upload Arogyasetu App. in his/her mobile.

**DECLARATION CONSENT**

I, \_\_\_\_\_ father/mother/guardian of \_\_\_\_\_

Studying in Institute/School \_\_\_\_\_, Program \_\_\_\_\_

Year \_\_\_\_\_ Semester \_\_\_\_\_ Enrollment No. \_\_\_\_\_

of the ICFAI University in agree to abide by all the points stated above concerning COVID-19. Or related issues as amended/updated from time to time by the University and communicated via ERP, SMS, e-mail or WhatsApp to students and parents. I hereby certify that my ward is not COVID-19 positive and my ward has my consent to attend the University. I accept and declare that though the University is taking all possible measures to check possibilities of infection yet in case my ward get infected he/she will back to University only when he/she is completely cured from COVID-19 and is certified accordingly.

Name of Parent Mr/Mrs/Ms \_\_\_\_\_ Sign with date \_\_\_\_\_