

**PARENTS PERMISSION / CONSENT LETTER**

**To,**  
**Sneha's Imagination Station,**  
B/h A. Shridhar Corporate House, Nr. Shilaj Circle, Shilaj, Ahmedabad - 380058

Respected sir/madam,

**Subject: Adhering to guidelines of COVID 19 as per specification of the Govt.**

At Sneha's Imagination Station, our primary focus is to provide the safe environment for staff and children attending our program in this COVID 19 time. Hence we have put additional health and safety protocols to minimize the risk of COVID spread to our facility. However, since it is practically not possible for the center to prevent all risks of infection, So

I ( \_\_\_\_\_, parent of \_\_\_\_\_, who enrolled in \_\_\_\_\_ program on date \_\_\_\_\_) in all my conscience acknowledge that I follow all safety guidelines of COVID 19, willingly give the following consent:

1. I will monitor/screen my child and myself prior to sending my child to centre and will report any illness like cold/cough/runny nose/fever/vomiting/stomach ache immediately to us and admit to not send my child to center.

2. In case of symptoms of COVID-19 surfacing in my child, I shall refrain sending him/her to the center immediately and I shall only resume sending him/her back again only when he/she completely recovered from COVID-19. I understand and accept the fact that I shall have to submit an RTPCR negative COVID-19 test report to the center when my child joins back.

3. I will not send my child to attend the program if I found below:

- been in close contact with anyone/family who had COVID 19 related symptoms
- been in close contact with anyone else who has travelled to any places within/outside state/country
- experienced cold, flu-like or COVID related symptoms
- having COVID in my any family member with whom my child lives together or in close contact with

4. I understand that drop off and pick up will take place only in the designated zone inside the center so I will discipline myself to maintain the social distancing while coming for drop off and pickup.

**DISCLAIMER:** Sneha's Imagination Station believes in providing best value services to our families, hence we extend our hand in this difficult time by providing back up sessions for as many days he/she misses the sessions due to caught in COVID illness during ongoing enrolled program with us. You need to provide COVID reports, medication prescription, hospitalization bills etc. for those many days. This facility will be available for children enrolled in 3(+) months program only.

**Parent Name:** \_\_\_\_\_

**Child Name:** \_\_\_\_\_

**Parent Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_