

TO BE HANDWRITTEN ON A SHEET OF PAPER AND SIGNED BY THE PARENT AND STUDENT

Date.....

From

Parent Name.....

Address.....

.....

.....

To

The Principal

St Joseph's Indian Composite PU College

23 Vittal Mallya Road

Bengaluru – 560 001

Dear Sir,

Subject: Consent for COVID 19 vaccination of my ward

I parent of

studying in Class & Combination..... Register Number..... give

my consent for my ward to be vaccinated for COVID 19 under the vaccination programme of the Government of Karnataka for 15- to 18-years age group to be given at St Joseph's Indian Composite PU College. I have read and understood the information about this vaccination programme from the college students' whatsapp group / college website. My ward will have his/her full breakfast before coming to college on the day of vaccination.

The date of birth of my ward is/...../..... (DD/MM/YYYY).

Student Aadhar Number is.....

I will **be / not be** (Strike out as applicable) accompanying my ward for the vaccination.

In case of need you may contact me on this number..... /

.....

Your sincerely,

Parent Signature.....

Student Signature.....

Parent Name.....

Student Name.....

Instructions to students

- The original letter must be submitted by the student to the authorities before the vaccination.
- Student must have full breakfast before coming to college for the vaccine.
- Student must produce College ID Card, Copy of Aadhar Card and correct parents contact numbers.