



INTELLECTUAL HARVARDE EDUCATIONAL SERVICES.

Plot 1-9, Harvarde Close, Alagada Village, Obada/Adigbe Road,
Abeokuta, Ogun State.

RESUMPTION OF STUDENTS AMID COVID 19 PANDEMIC

PARENTS CONSENT FORM

(This form **must be signed and presented** at the point of entry into the school upon resumption)

I..... Hereby consent to the resumption of my ward
(Name).....Dept.....Level
..... with Matric Number..... For the completion of the 2019/2020 Academic session.

- I confirm that my ward has **NOT** shown any symptoms of COVID-19 virus in the last 14 days leading to resumption.
- I affirm that my ward shall be personally responsible for his/her own safety and will abide by every safety rule and regulations put in place by the School Management and Government's Taskforce on COVID-19 to protect students in the face of the pandemic.
- I equally promise to provide at least 5 washable face masks and hand sanitizers for my ward during his/her stay on campus.
- I agree to cooperate with the School Management in the enforcement of COVID-19 protocols put in place by the Nigeria Center for Disease control (NCDC).
- I consent to the Institution sending my ward home in the event of he/she reported to have contracted the COVID-19 virus.

Name of Parent/Guardian.....

Contact Addresses;

Phone Number(s).....

Ward's Phone No.....

Signature;Date.....

For Official Use Only

I certify that the above named student is authorized to resume on Campus in line with the School Management and NCDC protocols.

.....
Officer- in-Charge

.....
Date