

UNDERTAKING BY PARENT/GUARDIAN

I, Mr/ Mrs _____ am parent/ guardian of Cadet _____ (Roll No. _____), of Class _____ studying at Sainik School _____. I have received intimation through email/school website/ telephone call by House Master/ Ward Boy of _____ House that the School is opening on _____.

1. I do hereby agree and declare that **we are desirous and have permitted our child/ward as mentioned above to return to the school, which may involve certain amount of risk of exposure to the infection**, and agree and promise that I/we will not hold the Sainik School Amaravathinagar or any of its employees responsible if my child or ward falls sick on rejoining the school as I/we fully understand the risks involved. I/we will bear all expenses that may arise out of any sickness or treatment, which my child mentioned above may undergo in consequence of returning to the school. I/we have been fully briefed by the school authorities regarding the risks involved of sending my/our child/ward to the school during the ongoing COVID 19 pandemic.

2. I intend to convey to you that our ward Cadet _____ (Roll No. _____) is keen on joining the school for the balance of the academic session. We, as parents/guardians are also willing to send our ward to school. Though we are fully confident about the precautions and safeguards which will be taken by the school administration, we, the parents/guardian as well as our ward(s) is/ are aware of the risk and threat posed by Covid-19 infection. We assure the school administration that if my ward contracts Covid-19 during his/her stay in the school, I or my family members shall not hold the school responsible for it or for any of its consequence. I will have no objection if my ward is expelled from the school for, at any time, not following any of the COVID-19 health safety norms as prescribed by the school,

3. That I/we **understand the risk of viral infection on my child/ward** involved in allowing my child/ward to return to school amid the present COVID-19 pandemic situation and **agree to our child/ward being kept under observation for 14 days or any duration** as per the safety measures implemented by the school and hereby agree and promise to fully cooperate with the concurrent measures implemented for safety.

4. I/we promise to fully indemnify Sainik School Amaravathinagar, Udumalpet Tk, Tiruppur Dist, Tamil Nadu, Principal, Officers, Teaching or Non-teaching Staff, Medical Staff, Ward boys, or other miscellaneous and contractual employees and all such people who maybe looking after and taking care of my/our child/ward, from and against all proceedings and claims of any kind whatsoever if it arises.

5. We, hereby further affirm that our child mentioned above is medically, mentally, physically, emotionally fit and free of any COVID-19 related symptoms or any other communicable disease. **We also affirm that the child is not asthmatic or pre-conditioned in any manner, whatsoever**, which could make him a higher risk to COVID-19 viral infection than any other normal child.

6. We hereby give our full consent for any specific medical intervention for management, detection and control of COVID-19 such as COVID test such as RTPCR test or any other related tests or any other investigation or any other treatment required for the medical welfare of the child at all times. I/we give our consent for the medical management/ treatment for any sickness including COVID-19 related or for any other ailment of my/our child ward through the medical team appointed by the school including admission/observation within the medical facilities available in the school or at suitable place outside the school as deemed necessary.

7. We also understand that any expenses, if any incurred, in the medical treatment for any sickness including COVID-19 related or for any other ailment, will be borne by us as parents/guardians of the child and give **full authority to the School Authorities/Representatives to administer necessary treatment in this regard to my child and indemnify them from those actions.**

8. I/we also consent to administer vaccine to my child/ward if required as per the government orders and health plan and health care program of India, and also agree to permit the school authorities to give additional medication or medical supplements as per necessity as deemed fit by the medical team appointed by the School.

9. I/we agree to clear all the outstanding dues in respect of my child/ward and also pay the necessary amounts required for tuition, dietary expenses, pocket money, stationery and other miscellaneous expenses necessary for the balance of the Academic Year.

10. I give my consent to admit/keep my child in Government approved COVID Management Center if he is detected to be COVID +ve.

11. I also agree to pick my child/ward immediately from the Government approved COVID Management Center if my child/ward is detected with COVID-19 and is advised to be discharged/ to be under home management. In case of my/our inability to pick my child/ward from the Government approved COVID Management Center for any reason and the Government approved COVID Management Center insists on discharging my child/ward, I/we give our consent to the school authorities to manage my/our child/ward in the interim period with the resources available at the school, if the school authorities are willing to do so and only as interim measure till I/we pick my child/ward at the earliest possible opportunity. Additional charges incurred thereon in this regard also will be borne by me/us.

12. I have enclosed a Certificate as proof that my ward was tested for Covid-19 on _____ and he/ she is declared COVID-19 negative. I shall be personally responsible for the vaccination of my ward against COVID-19, as per the government regulations. I also understand that cadets living in containment zones will not be allowed to attend school.

13. **Thus I fully understand the risk involved and we the parents/guardians are willingly and without any sort of coercion allowing our child, whose details are mentioned above, to return to school.**

IN WITNESSES WHEREOF WE..... and
..... THE ABOVE NAMED EXECUTANTS HAVE SET
AND SCRIBE OUR HANDS TO THIS UNDERTAKING AT ON
THIS.....DAY OF..... 2021 IN THE PRESENCE OF WITNESSES AS TOKEN OF
ITS ACCEPTANCE

WITNESS (1)
(Signature, Name and Address)

EXECUTANT (1) FATHER
(Signature, Name and Address)

WITNESS (2)
(Signature, Name and Address)

EXECUTANT (2) MOTHER
(Signature, Name and Address)