

From

Student Name:

Year and Batch

Address

To

The Principal

JSS College of Physiotherapy

Mysore

Respected madam,

I (name and register number) student of (year), am interested in coming for Practical classes in the college as per regular schedule (9 AM to 5 PM) from December 2020 from Monday to Saturday except holidays. During this time, I will take all the necessary precaution to ensure my safety and that of the patient that I treat. I understand that the college is not responsible and does not guarantee that I will not be infected with Covid-19 during my clinical posting. I understand that I will be given a face shield only when I go to IP wards. The mask, hand washing and any other measure of precaution is my own responsibility. The college will not pay for this, and the college will not be responsible for this. I will follow all the infection control precautions.

Sign:

Student name:

Date :

From

Parent Name:

Parent of :

Year and Batch

Address

To

The Principal

JSS College of Physiotherapy

Mysore

Respected madam,

I (mother/father/guardian) of (name of student of (year)), am willing for my ward to attend clinical posting in the hospital as per regular schedule (9 AM to 5 PM) from December 2020 from Monday to Saturday except holidays. During this time, he/she will take all the necessary precaution to ensure her/his safety and that of the patient that she/he treats. I understand that the college is not responsible and does not guarantee that he/she will not be infected with Covid-19 during the clinical posting. I understand that he/she will be given a face shield only when he/she goes to IP wards. The mask, hand washing and any other measure of precaution is her/his own responsibility. The college will not pay for this, and the college will not be responsible for this. I understand that my ward will be responsible to follow all the infection control precautions.

Parent name & Sign

Parent name & Sign

Guardian name, relationship and sign

Student name:

Date :