CONSENT REGARDING CLINICAL TRAINING

April to June 2021

I\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Student of MPT \_\_\_\_\_\_ Semester, Son/Daughter of\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_a resident of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ , hereby declare the following:

1. I am ready to attend clinical training at \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.
2. I am not having any COVID-19 related symptoms currently.
3. I shall abide by directives/guidelines issued by Government/Hospital authorities and Amar Jyoti Institute of physiotherapy towards prevention of COVID -19 and other health related precautions.
4. I shall also abide by all the guidelines regarding social distancing and sanitization at all times including travel to and from campus.
5. I shall inform the college/Hospital authority if I come in contact with any COVID-19 positive person/ I myself get any symptoms of COVID-19.
6. I take full responsibility of a decision to attend the clinical training.
7. I will not hold any one responsible for any consequences (health or other).

Signature of Student

Date:-

**CONSENT BY PARENTS**

I\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_F/O or M/O \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(Name of ward) is fully aware of the decision of my ward undergoing clinical training. I will not hold any one responsible for any consequences (health nor other).

Further, I will make sure that my ward will abide by all the guidelines regarding prevention of COVID -19.

Signature of Parents

(Attach vaild ID proof with self-attestation)