LETTER OF CONSENT

To, The Management MADE EASY Name of Center : <u>-</u>			
Dear Sir/Mam,			
			mother of
	is willingly allowing my ward to		
classes. I ensure th	at my ward will take all necessary precautions as per	advisorie	es of Govt.
authorities to preve	ent the spread of COVID -19. MADE EASY or anybody e	else will no	ot be held
responsible under a	any circumstances, in case my ward is found infected.	My ward	will report
the nearest hospita	al in case he/she is not well and undergo Covid-19 tes	t immed	iately and
also I ensure that I	will remain in regular touch with my ward.		
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Date : _____

Signature : _____