

(KINDLY FURNISH ALL THE RELEVANT INFORMATION IN CLEAR HANDWRITING.)

Parent's Name & Address

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Parent's Contact No:

Date

Student NIC No

(If not parent's NIC No)

The Principal,
Trinity College,
Kandy.

CONSENT FOR COVID - 19 VACCINATIONS

I hereby declare that I give my consent for my son
Of Grade Class to receive Covid 19 Vaccination.

I certify that my consent is given to my son to receive COVID -19 vaccine while being aware of its benefits and the very rare side effects which may arise as a result of it.

අද දින ශිෂ්‍යයන්ට ලබා දෙන COVID-19 එන්නත පිළිබඳව අවශ්‍ය තොරතුරු මා දන්නා අතර එම අවබෝධය මත COVID-19 එන්නත ලබා ගැනීමෙන් සිදුවන වාසි සහ කලාතුරකින් ඇතිවිය හැකි අතුරුඵල පිළිබඳව අවබෝධ කර ගැනීමෙන් අනතුරුව මාගේ දරුවාට COVID-19 එන්නත ලබා දීමට මාගේ කැමැත්ත පල කරමි.

கோவிட் 19 தடுப்பூசியின் மூலம் ஏற்படும் பிரயோஜனங்களையும், சில வேளைகளில் ஏற்படக் கூடிய பக்க விளைவுகளையும் அறிந்து, எனது மகனிற்கு தடுப்பூசியைப் பெற்றுக் கொள்ள அனுமதி அளிக்கிறேன்.

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Parent / Guardian Signature