

(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

Student Date of Birth/...../.....

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.

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අවබෝධය මත COVID-19 එන්නත ලබා ගැනීමේ සිදුවන ප්‍රතිලාභ සහ කලාතුරකින් ඇතිවිය හැකි
අතුරුඵල පිළිබඳවත් අවබෝධ කර ගැනීමේ අනතුරුව මාගේ දරුවා වන
..... හට COVID-19 එන්නත ලබා දීමට මාගේ
කැමැත්ත පල කර සිටිමි.

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

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Parent / Guardian Signature

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NIC No. of the Parent