



SCHOOL RESUMPTION AGREEMENT/CONSENT OF PARENTS

I hereby agree in writing that my child should resume on-site to continue the 2020/2021 Academic Session (First Semester) following the Senate's approval for students to resume from 18th January, 2021.

A: INFORMATION OF STUDENT

Name of Student: _____
Matriculation Number: _____
College: _____
Programme: _____
Telephone Number: _____
Signature of Student: _____
Date: _____

B. INFORMATION OF PARENTS/GUARDIAN

Name of Parent/Guardian: _____
Relationship: Father () Mother () Other () _____
Address: _____
Telephone Number: _____
Signature: _____
Date: _____

C. MEDICAL RECORD/HISTORY IN THE LAST FIVE MONTHS

1. Did your child spend the last five months at home? Yes/No _____
2. Has your child been treated for any medical condition in the last five months, July to December? Yes/No _____
3. If yes, discuss briefly the ailment and the possible cause.

4. Has anyone in your family been treated for COVID-19 in the last six months, July to December? Yes/No _____

5. Did your child screen for COVID-19 in the last 6 months, July to December? Yes/No _____

6. If yes, what was the result? _____

7. If positive, explain the recovery process.

Facility Accessed: _____

Period of Treatment: _____

Evidence of Discharge: _____

Other information: _____

8. Is your child on any medication that you wish to bring to the attention of the University Hospital? This is so that the University can better manage your child?

CERTIFICATION

I certify that the information given above is true, complete and accurate.

Name of Parent: _____

Signature & Date: _____

FOR OFFICIAL PURPOSE, ONLY.

Registrar's Signature: _____

Signature: _____

Date: _____

Comments of the Registrar _____
