

## CONSENT LETTER FOR COVID VACCINE IMMUNISATION

NAME OF STUDENT :

NAME AND ADDRESS OF PARENT :

CONTACT NUMBER :

We have admitted our ward to the **First year BDS Degree course (2020-21 Batch)** at **SRI VENKATESWARA DENTAL COLLEGE & HOSPITAL** , Thalambur , Chennai -600130. We hereby convey our consent for administering COVID vaccine to our ward.

**Signature of Parent**