



DHIRUBHAI AMBANI
INTERNATIONAL SCHOOL

SAVE! SUSTAIN! SURVIVE!
THE WORLD IS IN YOUR HANDS

Young Round Square Conference

9-12 October 2014



CONSENT TO ACT IN LOCO PARENTIS

We/I, the undersigned _____ parent / guardian of _____

(Full name of Parent/Legal guardian)

do hereby authorize, Mr./Ms _____

(Full name of Student Delegate)

,teacher from _____ (Name of school) while the said student is under his/her

supervision at Dhirubhai Ambani International School, to take any decision and/or perform any act, which he/she may deem

necessary for the safety , well-being and welfare of the said student and generally , in regard thereto , to act in loco parentis.

We/I understand that in an emergency, every effort will be made to contact me in order to seek my consent to an operation and/or administration of an anesthetic, but if this is not possible for any reason whatsoever, we/I hereby authorize the designated accompanying leader of the group to act in loco parentis.

(Signature of Parent or Legal Guardian of student)

Date / Place

(Please fill the form, scan it and send it back on 3s.dais@gmail.com)