



# MOUNTAIN TOP UNIVERSITY

## RESUMPTION OF ON-SITE ACADEMIC ACTIVITIES

### AGREEMENT/CONSENT OF PARENT/GUARDIAN

I hereby agree, in writing, that my child/ward should resume on-site in continuation of the First Semester 2020/2021 Academic Session subsequent to the Senate's approval for students to resume from Tuesday, 19th of January, 2021.

#### A. INFORMATION OF STUDENT

Name of Student (**Surname first**): \_\_\_\_\_

Matriculation Number: \_\_\_\_\_

College: \_\_\_\_\_

Programme: \_\_\_\_\_

Level: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Email: \_\_\_\_\_

Signature of Student: \_\_\_\_\_

Date: \_\_\_\_\_

#### B. INFORMATION OF PARENT/GUARDIAN

Name of Parent/Guardian: \_\_\_\_\_

Relationship: Father ( ) Mother ( ) Other ( ) \_\_\_\_\_

Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Email: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

#### C. MEDICAL RECORD/HISTORY IN THE LAST FIVE MONTHS

1. Did your child/ward spend the last five months at home? Yes/No \_\_\_\_\_
2. Has your child/ward 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.

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4. Has anyone in your family been treated for COVID-19 in the last six (6) months, July to December? Yes/No \_\_\_\_\_

5. Did your child/ward 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: \_\_\_\_\_

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8. Is your child/ward on any medication that you wish to disclose to the Medical team in the University Hospital? This is to enable the University to devise a better way to managing your child/ward?

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### **CERTIFICATION**

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

Name of Parent/Guardian: \_\_\_\_\_

Signature & Date: \_\_\_\_\_

### **FOR OFFICIAL PURPOSE ONLY**

Name of Dean, Students' Affairs: \_\_\_\_\_

Comment of Dean, Students' Affairs: \_\_\_\_\_

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Signature of Dean, Students' Affairs: \_\_\_\_\_

Date: \_\_\_\_\_