



**UGANDA INSTITUTE OF ALLIED HEALTH AND
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IN ANY ON CORRESPONDENCE ON
THIS SUBJECT PLEASE **CONSENT LETTER**

I.....Parent/guardian of(Students name) on this day ofof.....**2021** accept and grant permission to my daughter/son to report back to the Institution during the COVID-19 pandemic to enable him or her to complete his/her training in(Name of program).

I shall agree to **UPHOLD TO THE STANDARD OPERATING PROCEDURES** set by the national COVID-19 task force, Ministry of Education and Sports, the Institution and the practicum areas to prevent the spread of COVID-19 within the Institution and all training sites.

I accept all consequences arising from or in connection with my Son/Daughter reporting back to the Institution during this COVID-19 pandemic period. There shall be no party held responsible for any undesirable outcomes to my son/daughter in relation to this decision of allowing my son/daughter to report back to the Institution.

Parents/Guardian Name

Relationship

Signature

(Specify the relationship)

Date

Students Name:

Signature:

Date:

Copy:

Dean of students

Head of Programs