



Parents' consent letter

I _____,
the legal guardian of _____,
give my consent for my daughter to attend the WiSE program with a teacher at IIT
BOMBAY, Mumbai, from 22nd May 2023 to 26th May 2023.

I understand that her participation in this program is vital to her learning process. By signing this form, I agree that my daughter will participate in the WiSE program and travel to various locations on campus. I understand that the IIT Bombay authorities will not be responsible for any untoward incidents during the program.

I understand that my child will be photographed / video-graphed while participating in various program activities. I have no objection to these photographs & videos being available on the WiSE website.

Parent /Legal Guardian –	Mother	Father
Full Name:	_____	_____
Email:	_____	_____
Mobile no:	_____	_____
Aadhar Card No:	_____	_____
Signature:	_____	_____

Student's details

Full name: _____
Date of birth: _____
Aadhar Card No: _____
Home address: _____

Phone no: _____
Email ID: _____
School's Name: _____



Women in Science, Engineering from Rural Parts of India
an IIT Bombay Initiative
May 22 nd – May 26 th 2023

Accompanying teacher's details

Full name: _____
School's Name: _____
Phone number: _____
Email ID: _____

Medical Consent - Health Conditions Allergies, Asthma, Diabetes, etc. (if any)

Prescription Medications (if any):

Child's Medical Care Information Physician/Pediatrician:

Physician/doctor/nurse name (if any): _____

Contact number: _____

Any other medical information you think the organizers should know:

Emergency Contact Person's Information

Emergency Contact's Name: _____

Phone Number: _____