



## Consent Form for students to use VR



We are pleased to be introducing new Virtual Reality (VR) devices in schools. Students can watch 3D videos by wearing these devices.

VR Technology offers an innovative wonderful learning experience. Some students may react differently to this immersive experience. Hence, we are kindly requesting parental consent to ensure safe use of these devices while achieving a great learning experience.

### Please complete this consent form

1. Does your child ever experienced or been diagnosed with any of the following that the teacher needs to be aware of, such as blackouts, dizziness, loss of awareness triggered by light flashes or patterns, sensitivity to light, migraines, heart conditions or motion sickness?  
**Yes \_\_\_ No \_\_\_**

If yes, kindly specify:

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2. Is there anything your child is afraid of? E.g. Sharks/Height... **Yes \_\_\_ No \_\_\_**

If yes, kindly specify:

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3. Does your child have a record or been diagnosed with epileptic seizures throughout their lives? **Yes \_\_\_ No \_\_\_**

If yes, kindly specify:

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If there any other serious medical conditions not mentioned above that the teacher should be aware of kindly specify below:

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I, (first name and surname) \_\_\_\_\_ with ID number \_\_\_\_\_

Mother/Father/Guardian of (student's name and surname) \_\_\_\_\_

☐ **I Accept**

☐ **I Don't Accept**

that my child uses Virtual Reality technology during lessons in Class \_\_\_\_\_ \*insert class no./ name

Signature \_\_\_\_\_

Date \_\_\_\_\_



