



INDIAN SCHOOL BOUSHER
(Affiliation No: 6630203 | School No: 90252)
ACADEMIC YEAR 2026 – 2027
DEPARTMENT OF SCIENCE



CIRCULAR TO PARENTS – Healthcare Exposure Programme

Date: 20.05.2026

Dear Parents,

The Science Department of Indian School Bousher is pleased to announce an Healthcare Exposure Programme for interested students of Grades XI and XII from the Science stream at a reputed hospital.

This programme is designed to provide students with meaningful exposure to the healthcare sector through supervised observational and experiential learning opportunities. During the hospital visit, students will have the opportunity to observe the functioning of various hospital departments, gain an understanding of workplace practices and professional ethics, and explore diverse career pathways in the medical and healthcare fields.

Programme Details

- **Venue:** Muscat Private Hospital, Al Khuwair, P.O. Box 79 Bausher Street, PC 133 Sultanate of Oman.
- **Proposed Dates:** 31.05.26(Sunday) to 04.06.2026(Thursday)
- **Time:** 9.30 am to 12.45 pm, Dispersal: 12.45 pm – 1.00 pm
- **Meeting Point:** Ground Floor – Education Suite
- **Dress code:** School Uniform

Students participating in the programme will be expected to maintain discipline and strictly follow the instructions and safety guidelines provided by the school and hospital authorities. The daily schedule, batch distribution, agenda, programme overview, hospital protocol and guidelines and all other relevant details and will be shared with the selected students on receipt of the consent form.

Parents who are interested in allowing their ward to participate are requested to submit the duly signed consent form **on or before 21st May 2026**. As the **number of seats is limited, registrations will close** once the maximum capacity for the programme is reached.

The consent form may be submitted to the Head of the Science Department, Dr. Sujatha.

Please note:

- Participation in the programme is purely **voluntary**.
- There is **no registration fee**.
- As the **number of seats is limited**, selection will be made on a **first-come, first-served basis**.
- The programme is open only to students who have opted for the **Science stream**.
- Parents will be responsible for arranging **transportation for the drop-off and pick-up** of their child at the hospital at the designated time.
- The **school is facilitating** this programme solely for educational exposure and learning purposes.

For further details, kindly contact the Head of Science Department, Dr Sujatha (95237563).

Regards,
Department of Science
ISB



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PARENTS' CONSENT FORM – Healthcare Exposure Programme

Date: 20.05.26

Dear Parent/Guardian,

The Science Department, Indian School Bousher is organizing an Healthcare Exposure Programme for students of Grades XI and XII to provide supervised observational and experiential learning opportunities in a professional healthcare environment.

Students will have the opportunity to observe various hospital departments, understand workplace practices, and gain exposure to professional ethics and healthcare systems under the supervision of hospital authorities.

The students will be monitored and guided by the hospital staff along with one staff member from ISB.

Students will report to the teachers in-charge of the same.

Ms Soumya Jothish, Contact No. 93273459

Ms Tselmiya Johnson, Contact No. 94613380

Kindly complete the consent form below and submit the signed hard copy to the school on or before 21st May 2026.

CONSENT FORM

1. Student Details

Name of Student: _____

Grade & Section: _____

Admission No.: _____

2. Permission for Participation

I, _____, parent/guardian of the above-mentioned student, hereby grant permission for my ward to participate in the Internship Programme organized by the school.

Yes, I permit my ward to participate.

3. Acknowledgement of Programme Guidelines

I acknowledge that:

- The internship programme is educational in nature and intended for supervised learning and observation.
- My ward will undergo this training on a self-monitored basis under the supervision of the hospital authorities.
- My ward is required to follow all rules, safety protocols, discipline guidelines, and instructions given by the school and hospital authorities.
- My ward must maintain proper conduct, punctuality, confidentiality, and professional behaviour throughout the programme.
- The school and host institution will take all reasonable precautions to ensure student safety during the internship.
- I understand that all expenses related to the programme, like transportation and refreshments, will be borne by me, and I will arrange transportation for the drop-off and pick-up of my child at the hospital at the specified reporting and dispersal times.
- I understand that I am sending my child for the programme on my own consent and in the interest of my child, and that the school is only facilitating the internship programme as a medium for educational exposure.

Parent/Guardian Initials: _____

4. Emergency Contact Details

Parent/Guardian Name: _____

Relationship with Student: _____

Primary Contact Number: _____

Alternate Contact Number: _____

Email ID: _____

5. Medical Information (if any)

Please mention any medical condition, allergy, medication, dietary restriction, or health concern that the school/hospital authorities should be aware of:

My ward has no medical condition that requires special attention.

6. Declaration

I hereby confirm that the information provided above is accurate to the best of my knowledge. I understand the nature and purpose of the internship programme and agree to allow my ward to participate under the rules and regulations prescribed by the school and host institution.

Parent/Guardian Signature: _____

Name: _____

Date: _____

For Office Use

Received by: _____

Date: _____