



Appollo National Public School, Bangalore
Affiliated to CISCE – KA083

Grade 8 & 9

COVID-19 Acknowledgement of Risk and Consent Form for Students

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|---|--------|
| Student Name | |
| Admission Number | |
| Class / Section | |
| Mother's Name | |
| Father's Name | |
| Parents' Mobile Number | Father |
| | Mother |
| Address | |
| I am voluntarily sending my ward to attend school taking into consideration all the below mentioned points and will not hold the School responsible. Negligence of myself and others including (YES / NO) | |
| I am not willing to send my ward to school (YES / NO) | |

I understand and acknowledge that given the unknown nature of COVID-19, it is not possible to fully list each and every individual risk of contracting COVID-19. I understand that the risk of becoming exposed to or infected by COVID-19 at the School may result from the actions, omission, or negligence of myself and others, including but not limited to, School trustees, employees, agents, contractors, volunteers, and students. I acknowledge that the School is an open campus, which limits the School's ability to control students and visitors on campus. I recognize that the School cannot limit all potential sources of COVID-19 infection. I acknowledge that I have asked for and/or been given any information that I may need to determine the risks associated with returning to the premises of the School and to make an informed decision of those risks.

I understand and consent to submit and comply with any testing, health monitoring and contact tracing protocols that the School has determined are prudent to maintain a safe campus environment. I understand that the School will take reasonable measures to ensure the confidential and private nature of the testing and health monitoring information it may obtain from students and employees.

I HAVE READ THIS FORM BEFORE SIGNING IT AND AGREE TO BE BOUND BY ITS TERMS.

Student Signature with Date: _____

Parent Signature with date Mother: _____ **Father** _____