



Appollo National Public School, Bangalore
Affiliated to CISCE – KA083

Grade 10

Request you to kindly fill in the consent form and submit the same at office or scan and send mail to office@appollonps.com on or before 22/01/2021. This form is only for Discussion and Doubt Clarification.

COVID-19 Acknowledgement of Risk and Consent Form for Students

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 belowmentioned 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	

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** _____