

Apostolos Andreas Gymnasium, Empa

SCHOOL YEAR 2021-2022

Written consent form of parents / legal guardians for Rapid COVID-19 Antigen test to the students of Apostolos Andreas Gymnasium, Empa.

In accordance to the relevant ethics, please state below if you give your consent to your child undergoing a Rapid COVID-19 Antigen test as part of the tests which have been scheduled in collaboration with the Ministry of Health for public school students.

I declare that I agree to the Rapid Antigen test of:

Student's Name and Surname

ID Card Number:

Class:

In addition, I responsibly declare that I am aware that my consent will be valid for the entire period that the tests will be conducted in schools and for as many tests are considered necessary and useful to be conducted.

Name of parent / guardian:

Mobile phone no. of parent / guardian:

Signature: Date:

Apostolos Andreas Gymnasium, Empa

SCHOOL YEAR 2021-2022

Written consent form of parents / legal guardians for the vaccination of minors against COVID-19

For reasons of compliance with the relevant ethics, please state below if you consent to the vaccination of your child within the framework of a vaccination program that has been initiated and implemented in collaboration with the Ministry of Health for public high school students.

We declare that **we give our consent** to the vaccination of our child with one of the vaccines licensed by the EMA (European Medicines Agency)

Student's Name and Surname

ID Card Number:

Class:

In addition, we declare responsibly that we are aware that our consent will be valid for the entire period that the vaccinations will be conducted in schools.

Father's Name:

Father's Mobile phone no.:

Signature: Date:

Mother's Name:

Mother's Mobile phone no.:

Signature: Date: