

PARENTAL CONSENT and WAIVER FOR THE IMPLEMENTATION OF FACE-TO-FACE CLASSES

The **Lord of Zion Divine School** recently underwent a location risk assessment and school safety assessment, and has received approval from the Department of Education and Department of Health to conduct face-to-face classes. This affirms that our school is compliant with the minimum public health standards set by the government.

In light of this, the **Lord of Zion Divine School** will participate in the implementation of face-to-face classes. This activity aims to further develop strategies, understand key considerations of stakeholders, and identify resources required for the effective and efficient transition of learners from distance learning to expanded face-to-face classes.

This activity will be conducted for a maximum of two months in schools that were carefully selected to be in areas classified as minimal risk from COVID-19 and can offer diverse perspectives based on their local context and best practices.

BENEFITS

This activity will address difficulties of learners in learning independently through pure distance learning and lack of access to technology and household resources. Moreover, our learners will benefit in the future from the information from this activity.

CONFIDENTIALITY

Any information that will be given during the activity will be kept strictly confidential, and personal information will be treated in accordance with the Data Privacy Act of 2012. Be assured that information about you or your child will not be shared outside of the implementation team. The participant's name will not be used when data from this activity will be analyzed.

VOLUNTARY PARTICIPATION

Participation in this activity is voluntary. You or your child may decline to participate or to withdraw from participation at any time for any reason. Declining or withdrawal of participation will not result to any penalty, or loss of benefits or reduction of any basic right to which your child is entitled.

If you or your child decides to withdraw participation, kindly inform the teacher adviser of your child.

EXCLUSION (LIMITATIONS/INELIGIBILITY)

In accordance with the health and safety protocols, children with existing comorbidities should NOT participate in the Implementation of Limited Face-to-Face Learning Modality.

Children who tested positive of COVID-19 or who have household members who tested positive of COVID-19 shall follow the required quarantine period consistent with the latest national guidelines on Return to School / Work Policies and as provided in Section 7.4.6 Strategy to Reintegrate of the Guidelines and must be cleared by a licensed medical doctor before they may participate. The same applies to children who tested positive during the actual implementation.

Parents/guardians shall sign a health form at the beginning of each school term confirming that their child and/or any member of their household is not considered as a close contact, suspect, probable, or confirmed COVID-19 case in the past fourteen (14) days, and does not experience any symptoms related to COVID-19 such as, but not limited to, fever or chills, cough, shortness of breath or difficulty breathing, fatigue, muscle or body aches, headache, loss of taste or smell, sore throat, congestion or runny nose, nausea, vomiting, and diarrhea before being permitted to participate in the limited face-to-face classes.

RISKS, CONSENT AND WAIVER

As the parent or legal guardian of _____, I hereby acknowledge that I have been informed of the details of the conduct of **Implementation of Face-to-Face Learning Modality**.

I understand that **Lord of Zion Divine School** shall implement the minimum public health standards set by the government to minimize risk of the spread of COVID-19, but it cannot guarantee that my child will not become infected with COVID-19, given that COVID-19 is highly contagious.

I understand that my child/ren's in-person attendance in school will include associating with teachers, fellow learners and school personnel, and other persons inside and outside of the school that may put my child at risk of COVID-19 transmission, notwithstanding the precautions undertaken by the school.

I acknowledge that my child/ren's participation in this activity is completely voluntary. While there remains the risk of possible COVID- 19 transmission to my child/ren, and to the members of my household, I freely assume the said risk and I permit my child/ren to attend school under this activity.

I am aware that symptoms of COVID-19 include, but are not limited to, fever or chills, cough, shortness of breath or difficulty breathing, fatigue, muscle or body aches, headache, new loss of taste or smell, sore throat, congestion or runny nose, nausea, vomiting, and diarrhea.

I confirm that my child/ren currently has none of those symptoms, and is in good health. I will not allow my child/ren to physically go to school to attend classes if my child/ren or any member of my household develops any of the said symptoms or any other symptoms of illness that may or may not be related to COVID-19. I will also inform the school and not allow my child/ren to attend face-to-face classes if my child/ren or any of my household members tests positive for COVID-19. My child/ren and I, with my household members, will follow the required health and safety protocols and procedures adopted by the school and our community.

To the extent allowed by law and rules, I hereby agree to waive, release, and discharge any and all claims, causes of action, damages, and rights against the school and its personnel as well as officials and personnel of the Department of Education relative to the conduct of the activity.

With full understanding, I – on behalf of myself, my household members, and my child/ren – hereby freely and voluntarily give my consent to my child/ren's participation in the activity. I also attest that I had sought the views of my child/ren and he/she has expressed willingness to participate in the activity.

CONTACT DETAILS FOR QUESTIONS OR PROBLEMS

Signature of Parent / Guardian over Printed Name:	Contact Details:
Name of Child/ren:	Date:

* Please submit this form to your child's adviser prior to the conduct of face-to-face classes.

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I have read and agree to this Parental Consent