



TWIN RIVERS EDUCATION TRUST

PARENT/GUARDIAN INDEMNITY FORM

In this form:

“Child” shall include more than one child belonging to the Parent signing this form, if such parent has more than one child attending this school.

Reference to male shall include female; and

Reference to singular shall include plural

1. I understand the risks associated with COVID 19 [“The Virus”] and understand the manner in which the Virus spreads.
2. I am aware of, have read and understand, the policies that this school has implemented in order to minimise the risk of transmission of COVID 19 among staff and children. The Policy requirements can be found on our school website or can be sent by e-mail.
3. Given the nature of the COVID 19 virus I know and understand the risks associated with sending my child to School. I have considered these in making the decisions, of my own volition, to bring my child back to school. In this regard I accept these risks and agree that I cannot hold the School or its staff liable for the transmission of, or any outbreak of, the Virus at this school. I indemnify, and hold harmless the school and waive any right I might have to institute any claim of any kind against the School or its staff in this regard and in relation to COVID-19.
4. This document does not exclude or limit any liability that is not capable of exclusion or limitation by law.
5. I agree and undertake that:
 - I and my child will adhere to all policies that the School has put in place with regard to COVID 19.
 - I and my child have not been in an infected area during the last two weeks.
 - My child does not have any pre-existing medical conditions that might place him in a high risk category. If he does, I have consulted the family doctor and taken all precautions as advised by him and disclosed the same to the school authorities. The school is not responsible for my child’s health in regard or related to the Virus.
 - My child will be kept at home if he shows any symptoms of COVID 19, or is otherwise unwell or sick. These symptoms include, but are not limited to, cough, fever, tiredness, sore throat, runny nose, shortness of breath, diarrhoea, headache, loss of taste or smell, rash or chest pain.
 - I will inform the school immediately if my child is sick or if anyone else in the household has been infected with COVID 19. In this event, our family will undertake to quarantine the entire family for 14 days.
 - I will inform the school immediately if my child or if anyone else in the household has been in contact with anyone who has been tested positive. In this event, our family will undertake to quarantine the entire family for 14 days
6. In order to ensure the safety of all children and staff at this school, I will provide my child with the required number of masks and explain to him that the mask needs to be worn at all times when he is at school.
7. I confirm that before my child returns to this school I will teach my child how to put the masks on and take them off and how to wear them properly.
8. My child will be proficient in the use of his masks before coming to school.
9. My child’s clothing and masks will be washed daily.
10. I will educate my child about social distancing and its importance.
11. My contact details on the school portal are correct and valid.

I/WE DO HEREBY DECLARE AND CERTIFY THAT I/WE HAVE READ THIS DOCUMENT AND I/WE FULLY UNDERSTAND ITS CONTENT. I AM / WE ARE AWARE THAT THIS IS AN INDEMNITY AND RELEASE OF LIABILITY AND I/WE SIGN IT OF MY OWN FREE WILL.

CHILDREN’S NAMES: _____

SIGNED at _____ **on this** _____ **day of** _____ **20** _____

PARENT/GUARDIAN (Name and Surname)

PARENT/GUARDIAN (Signature)