PENINSULA MONTESSORI SCHOOL

COVID-19 Liability Waiver and Informed Consent

I understand that the Peninsula Montessori School has implemented safety precautions in order to mitigate the spread of COVID-19. These will include the most recent policies and procedures of the Department of Health and the CDC.

I agree that if my child is exhibiting symptoms of respiratory illness, or a fever of 100.4 degrees Fahrenheit or higher, my child will not return to School until he/she has been fever-free for 24 hours without the use of medication. I agree to notify the School if I believe my child has been exposed to COVID-19.

I voluntarily assume full responsibility for myself and my child for any and all risks of illness or injury associated with exposure to COVID-19. I release the School and its agents of any and all legal or financial responsibility with respect to any exposure that my child or I may have to COVID-19.

Name of student: Date:

Signature of Parent of Legal Guardian:

Printed Name of Parent or Legal Guardian: