



Mother of God School
Liability Waiver and Protection Commitment Form
Parents/Guardians

In order for students to return to the school campus, this liability waiver and protection commitment form must be agreed to and signed by the parent or guardian

By my signature below I acknowledge and accept the risks to myself, my child(ren) and my family of exposure to severe acute respiratory syndrome coronavirus 2, which is responsible for Coronavirus Disease (COVID-19). I further acknowledge and accept that these risks are shared by all students, faculty and their families, and thus we pledge to follow all rules and guidelines set out by the School and state and local authorities. To that end, I confirm the following:

I am aware of symptoms associated with COVID-19: 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 or vomiting, Diarrhea.

If my child(ren) test positive for COVID-19, I ensure isolation according to local health department directives. Once released from isolation, a note from the healthcare provider indicating it is safe to return to school will be provided.

If my child(ren) are exposed to a known case of COVID-19, then I ensure quarantine (14 days) according to local health department directives. Documentation from the local health department, indicating release from quarantine and return to school, will be provided.

If my child(ren) have symptoms associated with COVID-19 (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 or vomiting, and Diarrhea), I will keep my child(ren) home from school. I will provide a healthcare provider note if requested.

Parent/Guardian Name

Parent/Guardian Signature

Student Name(s): _____, _____, _____, _____