



Holy Family School of Quezon City Inc.
SIERVAS DE SAN JOSÉ CENTER OF EDUCATION
66 Maginhawa Street, U.P. Village
Diliman, Quezon City

PARENTAL CONSENT AND WAIVER (for Options 1 and 2)

As the parent or legal guardian of _____, I hereby give consent to my daughter's/ward's enrollment for Option _____.

I understand that HOLY FAMILY SCHOOL OF QUEZON CITY, INC. (HFSQC) 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/'s enrollment in the **Progressive Face to Face classes** based on the mandate of the **Department of Education** as duly contextualized by HFSQC will include associating with teachers, fellow learners, school personnel, and other persons inside and outside of the school that may put my daughter/ward at risk of COVID-19 transmission, notwithstanding the precautions undertaken by the school.

I acknowledge that my child/ren's enrollment in this learning modality 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 shall ensure daily that my daughter, who is (not vaccinated yet, fully vaccinated), has none of those symptoms, and is in good health upon reporting to school.

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 Holy Family School of Quezon City, Inc. and its personnel as well as officials and personnel of the Department of Education relative to the conduct of **Progressive Face to Face classes**.

With full understanding, I – on behalf of myself, my household members, and my daughter/ward – hereby freely and voluntarily give my consent to my daughter's attendance in school.

I also attest that I had sought the views of my daughter/ward and she has expressed willingness to enroll at Holy Family School of Quezon City, Inc. in her preferred option.

*STUDENT'S SIGNATURE OVER PRINTED NAME GRADE LEVEL

PARENTS' SIGNATURE OVER PRINTED NAME Mobile No.: _____

*Signature of students below eighteen (18) years old is optional.