



OFFICE OF CATHOLIC SCHOOLS STUDENT / PARENT  
COVID-19 WAIVER  
2020-21

Parish / School \_\_\_\_\_

Child's Name \_\_\_\_\_ DOB \_\_\_\_\_

Parent(s)' Name(s) \_\_\_\_\_ Phone \_\_\_\_\_

Name of Physician \_\_\_\_\_ Phone \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Phone \_\_\_\_\_

**STUDENT COVID-19 WAIVER**

We, to include but not limited to the above referenced parish / school and the Diocese of Peoria, have taken enhanced health and safety measures for your child. An inherent risk of exposure to COVID-19 exists in any public place where people are present. COVID-19 is an extremely contagious disease that can lead to severe illness and death. According to the CDC, senior citizens, adults and children with underlying medical conditions are especially vulnerable.

By your child attending the above referenced school, you voluntarily assume all risks related to exposure to COVID-19 by your child. If your child is exposed to, develops symptoms of, or someone in your family tests positive, you will self-report that information to the above referenced parish / school.

*I have read the above and understand that my child could be exposed to COVID-19 while attending school during the 2020-2021 term. I also understand that it is my child has any symptoms or a temperature upon arrival my child will not be admitted. The undersigned do hereby release, forever discharge and agree to indemnify and hold harmless my school, parish, the Catholic Diocese of Peoria, IL, and their staff, employees, agents, and volunteers from any and all liability, for injuries, damages, medical expenses or any other loss to my child or family, including attorney fees, arising from claims of any kind or nature whatsoever for my child's participation in this event.*

Signature of Parent/Guardian: \_\_\_\_\_

Date: \_\_\_\_\_