Washington Waldorf School

General Permission, Medical Information Release, and COVID-19 Liability Waiver 2020-2021

Please review all the following provisions and indicate your acceptance by signing at the end of the document. This document must be signed and returned to WWS before students may attend school. Only one form is needed per family.

Student Name:	 Student Grade
Student Name: .	 Student Grade

- 1. GENERAL PERMISSION: I do hereby grant permission and authorize my child(ren) to accompany their classes at the Washington Waldorf School on all outings and field trips that take place during the school day, within regular school attendance hours. I understand that transportation will be on foot, bicycle, WWS activity bus, and/or by public transportation unless I am otherwise notified. I understand that I will be notified before all school trips.
- 2. REQUIREMENTS FOR MEDICAL INFORMATION, PERMISSION TO TREAT & RESPONSIBILITY FOR PAYMENT
- **2.1 Medical Information:** I have returned the **2020-2021 Emergency Contact & Authorization Form**, which provides the Washington Waldorf School, Inc. ("School") written notification of the following:
 - a) Any chronic or temporary medical conditions, including allergies, my child may have.
 - b) Any prescription medications taken by my child on a regular basis.
- **2.2 Health Screenings:** I agree to complete daily health screenings of my child, if, and as required by the School for attendance, and to notify the School (by phone at 301-229-6107 or by email at reception@washingtonwaldorf.org) immediately or as soon as practicable if my child has been diagnosed with an infectious disease by a medical professional, or exhibits any of the following symptoms:
 - Fever or chills (regardless of use of fever-reducing medication)
 - 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

2.3 Medication Administration: I understand that no School employee can administer any medication, supplement, or other therapeutic agent to my child without the necessary authorization form. I have filled out, and have had a licensed prescriber complete, the **State of Maryland School Medication Authorization Form** that is required in order for School employees to administer any prescription or non-prescription medications to my child during school hours or at school-sanctioned events.

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2.4 Permission to treat my child(ren): I authorize and give permission for any Washington Waldorf School, Inc. employee to administer first aid, and/or to take or accompany my child (children) to a physician

or hospital for emergency treatment if it appears necessary in the judgment of the School. I understand that the School will utilize Emergency Medical Services (EMS) as it deems necessary and appropriate, and that EMS may transport my child (children) to the most appropriate hospital in the area, at their discretion.

I give consent for a licensed physician and/or the hospital and its medical staff to provide my child (children) with emergency medical treatment that a physician deems necessary (including anesthesia).

2.5 Responsibility for Payment: I agree to accept responsibility for all medical expenses incurred in the treatment of my child that are not covered by the Washington Waldorf School, Inc. student insurance policy.

3.0 ASSUMPTION OF RISK AND WAIVER OF LIABILITY RELATING TO COVID-19

The novel coronavirus, COVID-19, has been declared a worldwide pandemic by the World Health Organization. COVID-19 is highly contagious and can cause serious and potentially life-threatening illness or death, as well as longer term chronic medical conditions that are not well understood. The virus spreads from person-to-person contact and/or by contact with contaminated surfaces and objects, and possibly through the air. People can be infected and show no symptoms and therefore unknowingly spread the disease. There is no known cure or vaccine for COVID-19.

Although the Washington Waldorf School has put in place extensive preventative measures to reduce risk of COVID-19 infection, the School cannot guarantee that your child(ren) or other family members will not become infected with COVID-19 while in the School building or while participating in School-sponsored activities. Furthermore, attending School in person could increase the risk that your child or family members contract COVID-19.

3.1 Assuming Risk: I acknowledge the contagious nature of COVID-19 and voluntarily assume the risk that my child, me or any family members may be exposed to or infected by COVID-19 by attending the Washington Waldorf School, and that such exposure or infection may result in personal injury, illness, disability, or death. I understand that the risk of becoming exposed to or infected by COVID-19 at the School may result from the actions, omissions, or negligence of others, and myself including, but not limited to, School employees, volunteers, and program participants and their families. I further acknowledge that I am fully aware of, and accept all such risks.

I voluntarily agree to assume all of the foregoing risks and accept sole responsibility for any injury to my child, me or any family members (including, but not limited to, personal injury, disability, and death), illness, damage, loss, claim, liability, or expense, of any kind, that I or my child may experience or incur in connection with my child's attendance at the Washington Waldorf School or participation in School programming or activities.

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3.2 Liability Waiver: I hereby forever release and waive my right to bring suit against the Washington Waldorf School and its officers, directors, managers, officials, trustees, agents, employees, or other representatives in connection with exposure, infection, and/or spread of COVID-19 to my child, me or my family members. I understand that this waiver means I give up my right to bring any claims including for personal injuries, death, disease or property losses, or any other loss, including, but not limited to, claims of negligence and give up any claim I may have to seek damages, whether known or unknown, foreseen or unforeseen.

I understand and agree that the law of the State of Maryland will apply to this contract.

I have carefully read and fully understand all provisions of this release, and freely and knowingly assume the risk and waive my rights concerning liability as described above.

All custodial parents or guardians must sign.		
Parent/Guardian 1 Signature	 Date	
Parent/Guardian 1 Printed Name		
Parent/Guardian 2 Signature	 Date	
Parent/Guardian 2 Printed Name		

Return to:

For Children's Garden: Children's Garden Forms

For Lower School: *Christen Leonard* For High School: *Bonnie McClelland*

Washington Waldorf School 4800 Sangamore Road Bethesda, MD 20816

(If you have children in more than one part of the school, return form to appropriate department for oldest child.)