

## DECLARATION OF RESPONSIBILITY

On ....., ..... of ..... 2020 Mr/Mrs .....  
..... with DNI/NIE no ..... acting on  
their own behalf and as parent / guardian (delete the one that does not apply)  
of the child ..... enrolled as a student at the  
Montgó Waldorf International School.

### DECLARES

- That I have been informed, I know and accept the full terms of the Hygienic-Sanitary Protocol to be carried out in the School and provided by the school organization itself. I am also aware of the possible risks derived from the health crisis caused by COVID-19 and I assume them under my responsibility.
- That the student during the 14 days prior to the start of the course has not suffered a cough, or fever, tiredness or shortness of breath, in addition to not having been in contact with anyone with said symptoms of COVID-19.
- That the student should not go to school in any of the following cases: In case of presenting symptoms compatible with COVID-19, if in isolation for having tested positive for COVID-19, if waiting for the result of a PCR or another molecular diagnostic test, if staying in home quarantine for being in close contact with someone diagnosed with COVID-19 or with compatible symptoms.
- That I undertake to notify the management of the School of any alteration in the student's health status prior to their incorporation or, where appropriate, the cause of the student's absence.
- That according to the protocol described, in the event that the student was diagnosed as positive for COVID-19 I agree to communicate immediately by mail email [info@waldorfelmonrgo.com](mailto:info@waldorfelmonrgo.com) or by phone at 690 952 710 said circumstance to the organization, in order for it to proceed to inform the rest of the families of students from the same Stable Coexistence Group.

For the record, I sign in the place and date indicated above Signed: Mr. /  
Mrs.....