**Statement of the child's parents / legal guardians regarding COVID-19**

The child's first and last name …………………………………….…………………………………………

Name and surname of the parent / parents (legal guardians) …….…………………………………………………………...........

Contact telephone numbers ……………………………..…………………………………………………

I certify that my daughter / son ……………………………………………………………...

name and surname of the child
 has not had contact with a person infected with the Covid-19 virus

 none of the immediate family members and the environment are in quarantine, showing no visible signs of disease..

 My child is in good health, showing no signs of infection \* suggesting an infectious disease

 it is brought to SGF and picked up from SGF by healthy people

Telephone numbers for immediate contact ……………………………..………………….

At the same time, I declare that I am aware of the full responsibility for the voluntary sending of the child to the Summer Guitar Festival organized on July 22, 2021 - August 1, 2021 by the Krzyżowa Foundation for Mutual Understanding in Europe in the current epidemiological situation and that I know the risk to which health is exposed my child, despite the sanitary restrictions introduced in the facility and the implemented protective measures.

I have been informed about the risk to the health of my child and our families due to Covid-19 infection, despite the sanitary regime in the facility and all protective measures implemented - in the event of an infection or its suspicion in the facility (not only on the premises), the staff / child / family of the child will be sent to a 14-day quarantine. - in the event of an infection or suspicion of an infection of a child, his parents or staff, the facility will be closed until further notice, and all those present at the facility, as well as their families and the immediate surroundings, are quarantined.

I declare that in the event of my child becoming infected on the premises of the facility, I will not file any complaints, grievances or claims to the lead authority, being fully aware of the epidemiological threat arising from the current situation in the country.

………………………………….

signature of the parent / guardian

I undertake to promptly notify the School Principal of any changes to the health of my child, family members, or persons with whom I have come into contact, including quarantine or contracting Covid-19

………………………………….

signature of the parent / guardian

I undertake to pick up the child immediately (max. 30 minutes) from the facility in the event of any symptoms of infection \* during their stay at the facility. I acknowledge and accept that at the time of visible signs of illness in my child, the child will not be admitted to the facility on the given day and will be able to return to it after all symptoms have ceased, min. 7 - 14 days.

………………………………….

signature of the parent / guardian

I consent to the measurement of my child's temperature using a non-contact thermometer if disturbing symptoms are noticed

………………………………….

signature of the parent / guardian

I undertake to immediately - up to 12 hours - pick up my child / ward / ward from rest in the event of disturbing symptoms of the disease (increased temperature, cough, runny nose, shortness of breath).

………………………………….

signature of the parent / guardian

I declare that I have provided / provided my child / ward / ward with individual nose and mouth guards for use during the stay.

………………………………….

signature of the parent / guardian

\* Symptoms of infection are, for example, fever, runny nose, cough, diarrhea, dyspnoea, rash, skin allergy, muscle pain, sore throat, loss of taste or smell, and other unusual symptoms.

In line with the recommendation of the Ministry of Health, the State Sanitary Inspection, the Minister of Family, Labor and Social Policy, and in the interests of the safety of you, children and the staff of the facility, please answer the following questions.

SURVEY (loop the correct answer)

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
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|  |  |  |  |
| --- | --- | --- | --- |
| 1.  | Did you / your child / household member stay abroad for 2 weeks?  | YES | NO |
| 2.  | Are you / your child / someone in your household currently under quarantine / epidemiological supervision?  | YES | NO |
| 3.  | Is your child currently showing signs of infection \*?  | YES  | NO |
| 4.  | Have any symptoms of infection \* seen or have occurred in the last two weeks? | presently  | YES  | NO  |
| in the last 2 weeks | YES | NO |
| 5.  | During the last 2 weeks, did you / your child / family member have any contact with a person infected with the Covid-19 virus?  | YES | NO |

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