



BCAS
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* Please read carefully with understanding. Accomplish accurately and completely and then submit during enrollment prior to the conduct of face-to-face classes.

BCAS PARENTAL/GUARDIAN CONSENT AND WAIVER FORM: LEARNER'S PARTICIPATION TO THE PROGRESSIVE EXPANSION OF FACE-TO-FACE CLASSES

The BATANGAS COLLEGE OF ARTS AND SCIENCES, INC. (BCAS) recently accomplished the Revised School Safety Assessment Tool for the Progressive Expansion of Face to Face Classes, and submitted to the Department of Education to conduct face-to-face classes for SY 2022-2023. This affirms that our school is conscientiously taking the necessary and appropriate measures to comply with the minimum public health standards set by the government.

In light of this, the BCAS will participate in the implementation of the progressive expansion of face-to-face classes. This activity aims to further develop strategies, understand key considerations of stakeholders, and identify resources required for the effective and efficient transition of learners from distance learning to expanded face-to-face classes.

SCOPE

The progressive expansion of face-to-face classes will be implemented in public and private schools in areas where case transmission is low and decreasing (Alert Levels 1 and 2) or any similar categorization in adherence to the guidelines of relevant government agencies and based on schools' capacity and assessment. The progressive expansion includes geographic expansion, the inclusion of all grade levels, and increasing time in school subject to applicable guidelines, as part of the transition towards the new normal.

DURATION

The progressive expansion of face-to-face classes will be implemented for the entire school year 2022-2023 based on the approved school calendar and schedule of classes pursuant to the policies and guidelines of DepEd Order No. 017, s2022.

VOLUNTARY PARTICIPATION

Participation in this activity is voluntary. You or your child may decline to participate or to withdraw from participation at any time for any reason. Declining or withdrawal of participation will not result to any penalty, or loss of benefits or reduction of any basic right to which your child is entitled. If you or your child decide to withdraw participation, kindly inform the teacher adviser of your child.

EXCLUSION (LIMITATIONS/INELIGIBILITY)

Pursuant to DepEd No. 017, s2022, all learners from Kindergarten to Senior High School may participate regardless of COVID-19 vaccination status provided that a signed written consent form of parent or guardian is submitted.

Children who tested positive of COVID-19 or who have household members who tested positive of COVID-19 shall follow the required quarantine period consistent with the latest national guidelines on Return to School / Work Policies and as provided in Section 7.4.6 Strategy to Reintegrate of the Guidelines (DepEd-DOH JMC No. 1, s2021) and must be cleared by a licensed medical doctor before they may participate. The same applies to children who tested positive during the actual implementation and must be cleared by a licensed medical doctor before they may participate.

The same applies to children who tested positive during the actual implementation. Parents/guardians shall sign a health form at the beginning of each school term confirming that their child and/or any member of their household is not considered as a close contact, suspect, probable, or confirmed COVID-19 case in the past fourteen (14) days, and does not experience any symptoms related to COVID-19 such as, but not limited to, fever or chills, cough, shortness of breath or difficulty breathing, fatigue, muscle or body aches, headache, loss of taste or smell, sore throat, congestion or runny nose, nausea, vomiting, and diarrhea before being permitted to participate in the limited face-to-face classes.

RISKS, CONSENT AND WAIVER

As the parent or legal guardian of _____, I hereby acknowledge that I have been informed of the details of the conduct of the PROGRESSIVE EXPANSION OF FACE TO FACE CLASSES.

I understand that BATANGAS COLLEGE OF ARTS AND SCIENCES, INC. 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/ren's in-person attendance in school will include associating with teachers, fellow learners and school personnel, and other persons inside and outside of the school that may put my child at risk of COVID-19 transmission, notwithstanding the precautions undertaken by the school.

I acknowledge that my child/ren's participation in this face-to-face setup of classes 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 setup.



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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 confirm that my child/ren currently has/have none of those symptoms, and is in good health. I will not allow my child/ren to physically go to school to attend classes if my child/ren or any member of my household develops any of the said symptoms or any other symptoms of illness that may or may not be related to COVID-19. I will also inform the school and not allow my child/ren to attend face-to-face classes if my child/ren or any of my household members tests positive for COVID-19. My child/ren and I, with my household members, will follow the required health and safety protocols and procedures adopted by the school and our community.

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 school and its personnel as well as officials and personnel of the Department of Education relative to the conduct of the progressive expansion of face-to-face classes.

I hereby indemnify and save harmless BATANGAS COLLEGE OF ARTS AND SCIENCES, INC., its officers, agents, employees, and assigns, from any and all claims, actions, suits, charges, and judgments arising from and relative to the conduct of the progressive expansion of face-to-face class.

With full understanding, I – on behalf of myself, my household members, and my child/ren – hereby freely and voluntarily give my consent to my child/ren’s participation to the progressive expansion of face-to-face classes at BCAS for the entire duration of the its implementation during the SY 2022-2023.

I also attest that I had sought the views of my child/ren and he/she has expressed willingness to participate in the activity.

CONTACT DETAILS FOR QUESTIONS OR PROBLEMS

For any concern or clarification, you may contact:

~ ACADEMIC DEPARTMENTS
Pre-kinder to Grade 6
0936 041 0186

Grades 7-10
0956 711 8646

Grades 11-12
0917 877 0556

College
0968 852 0796

SCHOOL ADMIN OFFICE:
Main Campus: (043) 756 1232 / 0977 757 2924
Elementary Campus: (043) 784 6071

School Email
~ bcas_2000@yahoo.com
~ bcasinstmail@gmail.com

This release shall be binding to the fullest extent permitted by law. If any provision of this release is found to be unenforceable, the remaining terms shall still be enforceable. I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, AND NOT ONLY DO I FULLY UNDERSTAND ITS TERMS BUT I UNDERSTAND THAT I HEREBY RELEASE ALL LIABILITY AND THEREIN RELINQUISH LEGAL RIGHTS BY SIGNING IT. I ALSO SIGN IT FREELY AND VOLUNTARILY UNDER MY OWN FREE WILL WITHOUT ANY INDUCEMENT, COERCION OR OTHERWISE.

SIGNATURE OF PARENT/GUARDIAN
OVER PRINTED NAME

CONTACT DETAILS:
Phone Numbers of Parents/Guardian:

~ Mobile: _____

~ Landline: _____

~ Email Address: _____

NAME/S OF CHILD/CHILDREN:

DATE: _____

***Adapted from Annex C – DepEd-DOH JMC No. 01, s2021**