

## LETTER OF COMMITMENT

### FROM THE PARENTS, MOTHERS AND / OR GUARDIANS

Who undersigned, \_\_\_\_\_, bearer of the identity and electoral card No . \_\_\_\_\_, residing at \_\_\_\_\_ street, No . \_\_\_\_\_, of the \_\_\_\_\_ sector, of the city of \_\_\_\_\_, Province \_\_\_\_\_; As Father \_\_\_\_, Mother \_\_\_\_, or Guardian (a) \_\_\_\_ of the student \_\_\_\_\_, enrolled in the educational center \_\_\_\_\_, where he / she attends the \_\_\_\_\_ degree of the level \_\_\_\_\_,

I hereby accept and declare:

1. That I have been duly informed of the implications and conditions related to sending my child to school in the context of this pandemic, so I decide, voluntarily and by my own decision, to send my child to school, in order that join the face-to-face classes, on the days that the center determines.
2. That I am aware of the provisions established in the General Protocol for returning to classrooms, prepared by the Ministry of Education and the Ministry of Public Health, and that I will collaborate with the educational center to faithfully comply with said protocol.
3. That I also continue to support my child at home, in the virtual education activities.
4. That in our family we maintain, inside and outside the home, the sanitary measures in place to help prevent the spread of the virus.
5. That I will send my child to the educational center with the required protection (mask or face shield), but I understand that the school cannot guarantee that there is no risk of contagion from COVID.
6. That I will not send my child to the educational center, if he / she presents symptoms such as fever, headache, body aches and / or cough, until it is confirmed that it is not COVID-19, as I have stated. when contemplating the "Health Monitoring" form.
7. That I will not send my child to the educational center in the event that this or another family member is diagnosed with the COVID-19 virus, informing the center about it.
8. That my child will be reintegrated into the school once the corresponding COVID-19 test has been negative for him or for the affected family member.

In the city of \_\_\_\_\_, on the \_\_\_\_ day of the month of \_\_\_\_\_, 2021.

\_\_\_\_\_  
Signature of Father, Mother or Guardian