**GCI GBS COVID-19 Return to School Form**

**– to be submitted by email** [**info@gci.ie**](mailto:info@gci.ie) **at least 3 days prior to return.**

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| --- | --- |
| Student Name: |  |
| Arrival date in Ireland (new students) |  |
| Student Email: |  |
| Student Mobile Phone: |  |
| **Part A**  **DECLARATION (Please read carefully)**  I have no reason to believe that I have an infectious disease and I have followed all medical and public health guidance with respect to my exclusion from educational facilities. **I agree to comply at all times with all public health and safety guidelines and GCI’s [COVID-19 Safety Protocol] to help reduce the spread of transmission while attending classes at GCI.**   * I have completed the [COVID-19 Passenger Locator Form](https://cvd19plf-prod1.powerappsportals.com/en-us/) before arrival. * I have read and understood my obligations to restrict my movements after arriving in Ireland. I declare to follow [the government regulations.](https://www.gov.ie/en/) * I am familiarised with [current restrictions in place in Ireland](https://www.gov.ie/en/campaigns/resilience-recovery-2020-2021-plan-for-living-with-covid-19/?referrer=http://www.gov.ie/en/publication/acc4de-easing-the-covid-19-restrictions-on-10-august-phase-4/). * I have read and understood the [COVID-related Safety & Travel Protocols](https://www.gci.ie/student-guide/) here   I agree to inform school management immediately should my personal circumstances change, especially relating to COVID-19.  Print Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
| **Part B**  I acknowledge that GCI cannot guarantee that I will not become infected with the Coronavirus/Covid-19. I understand that the risk of becoming exposed to and/or infected by the Coronavirus/COVID-19 may result from the actions, omissions, or negligence of myself and others.  I hereby release and agree to hold GCI/GBS harmless from, and waive on behalf of myself, my heirs, and any personal representatives any and all causes of action, claims, demands, damages, costs, expenses and compensation for damage or loss to myself and/or property that may be caused by any act, or failure to act by GCI/GBS, or that may otherwise arise in any way in connection with any services received from GCI/GBS. I understand that this release discharges GCI/GBS from any liability or claim that I, my heirs, or any personal representatives may have against GCI/GBS with respect to any bodily injury, illness, death, medical treatment, or property damage that may arise from, or in connection to, any services received from GCI/GBS. This liability waiver and release extends to all owners, partners, and employees of GCI.  Print Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |

\**The information contained in this guidance is for educational purposes only and is non-exhaustive. It is not intended to provide legal advice to you, and you should not rely upon the information to provide any such advice. We do not provide any warranty, express or implied, of its accuracy or completeness. The Health and Safety Authority shall not be liable in any manner or to any extent for any direct, indirect, special, incidental or consequential damages, losses or expenses arising out of the use of this template.*