

**FAMILY PLEDGE - COVID 19 PROTOCOLS**  
**THE INTERNATIONAL SCHOOL OF PANAMA**  
**(the “ISP”)**

**Purpose of Pledge:**

The International School of Panama’s Mission, Vision and Character Profile calls for our community to care for one another. This community pledge names directly the expectations we will hold each other accountable for to protect all ISP stakeholders during this pandemic. We invite you to show your solidarity before your child returns to campus.

**BACKGROUND:**

1. Through Resolution No. 11 of March 13, 2020, the Government of the Republic of Panama declared a State of National Emergency as a result of the COVID-19 disease.
2. That the health emergency led to the adoption of urgent contingency measures and the suspension of classes in educational centers nationwide.
3. Through Resolution No. 100 of September 11, 2020, the Guide for the establishment of Biosafety Measures for the Reduction of the Risk of Covid-19 contagion was adopted in official and private educational centers in the country (the “Resolution No. 100”).
4. That through Resolution No. [●] the blended return of private schools was approved subject to compliance with the Resolution No. 100.

In view of the above, the parents of the ISP community agree to abide by the following measures in relation to the ISP COVID-19 protocols and at the same time ensure that students follow these same protocols in and out of School:

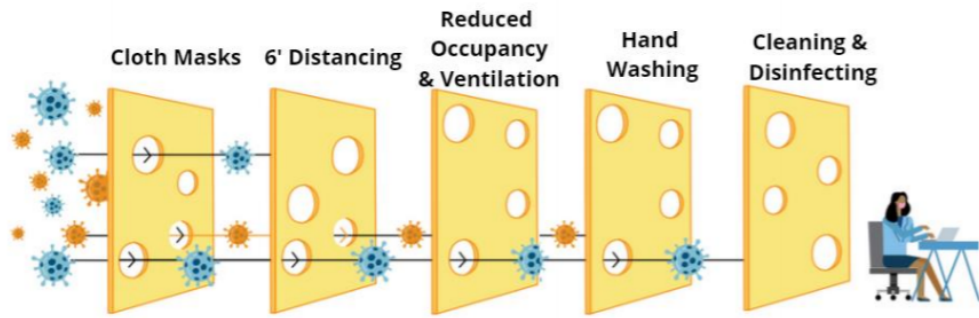
**PARENTS & STUDENTS:**

1. Keep students at home should they **or anyone in their household** (including family, domestic workers, drivers, etc.) develop COVID-19 symptoms. Symptoms associated with COVID-19 can vary from person to person. In general, symptoms include:
  - a. Fever or chills
  - b. Cough
  - c. Shortness of breath or difficulty breathing
  - d. Fatigue

- e. Muscle or body aches
- f. Headache
- g. New loss of taste or smell
- h. Sore throat
- i. Congestion or runny nose
- j. Nausea or vomiting
- k. Diarrhea

If such symptoms occur, the parent should notify the school nurse and ensure the student attends a health facility.

2. Inform the school nurse as soon as possible in the event of exposure with confirmed or suspected cases in your bubble (including family, domestic workers, drivers and regular contacts) and in which case the student/s will need to stay at home on remote learning for a period of 14 days.
3. Ensure the mechanisms that allow the safe transportation of students to and from ISP if not using school transportation.
  - a. Avoid carpooling outside of the student's social bubble.
  - b. Wear a mask and have all windows open during the journey.
  - c. Follow the ISP arrival and dismissal protocols and social distancing signs.
4. Ensure students carry the necessary supplies for snacks and hydration such as individual water bottles and personal snacks.
5. Ensure students bring at least two approved face masks (masks with valves must not be used) to school. For students taking bus transportation a face shield will be mandatory.
6. If the student is traveling internationally, we will follow [the CDC protocols](#). Please use the ISP Travel Form, located on the ISP website, to report any travel outside of the country.
7. It is the family and student's responsibility to follow and support the biosecurity protocols determined by ISP's COVID-19 committees which include:
  - a. Wearing a mask at all times.
  - b. Social distancing of at least 2 meters.
  - c. Regular handwashing and hand sanitation.
  - d. Following cohort and route access when on premises.
  - e. Following ISP directives on biosecurity.
  - f. Communication of **any** symptoms promptly to faculty or nurse.



*PolicyLab adapted this graphic from the Cleveland Clinic's "Swiss Cheese Approach to COVID Mitigation"*

8. The choices we make outside of school may have a direct impact on our ability to keep ISP's campus open. Students shall practice biosecurity protocols outside of school, such as but not exclusive to: social distancing, wearing masks, regular hand washing and limiting contacts outside of their household bubble. Therefore, gatherings such as parties should be avoided until further notice for personal and community safety.
9. Students identified by ISP as potential close contacts of a positive COVID-19 case on campus will be expected to quarantine at home for 14 days before returning to campus.
10. Failure to comply with the expectations above may result in a student being removed from on-campus learning and may also result in the quarantining of a class, number of classes, division or the whole school.

Although ISP will take all possible precautions, there are certain inherent risks associated with travel, studies and activities while attending the campus.

Under the foregoing, the undersigned [ ], acting in my own name and representation, hereby release the ISP, its representatives and employees for any responsibility / damages / charges, including physical, material and / or moral on account of the direct or indirect exposure and contagion of COVID-19, which may be sustained by the student, at any time during her/his stay in the ISP, while taking part in studies, sports and extracurricular or any other form of activities of the school, or at any other time within or outside ISP premises. All expenses that may be incurred in the treatment of such cases shall be borne by the parent/legal guardian. Likewise, I will hold harmless and indemnify ISP, its representatives and employees for any legal fees, expenses, compensations and damages arising from any judicial or extrajudicial claim that may be presented by third parties against ISP, its representatives or employees as a consequence of the damages indicated in this document.

I have read and understood the above expectations concerning COVID-19. I hereby choose to accept the risk of contracting COVID-19 for myself and/or my children in order to attend the ISP campus services and enter ISP's premises. I understand that by allowing my child / children to attend school on ISP's campus, I am choosing to accept the risk of contracting COVID-19 for myself and/or my children.

[DATE]

PARENT/ GUARDIAN

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Name/Nombre

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Signature/Firma

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LEGAL ID NUMBER

STUDENT NAME(S)

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