

# Evelia Espinosa's Art Studio

Covid-19 Consent and Questionnaire form



Student's full name (Please print):

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Parent's full name (Please print):

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## Health Questionnaire:

The following questions are for the safety and health of our staff and students. These questions are only to ensure that we minimize the risk of spread of the virus in Vancouver, and the Art Studio. Please answer truthfully and if any of these answers change please notify us immediately.

1.  **Yes**  **No** Are either you or your child experiencing any fever, chills, new coughs, a worsening chronic cough, shortness of breath or difficulty breathing?
2.  **Yes**  **No** Have either you, your child or a member of your household travelled outside of Canada in the past month?
3.  **Yes**  **No** Do either you, your child or anyone in your household have a confirmed case of COVID-19?
4.  **Yes**  **No** Do either you or your child have 2 or more of the following symptoms currently or in the past 14 days: Fever, Dry Cough, Sore Throat, Runny Nose/Sneezing, Nasal Congestion, Hoarse voice, Difficulty swallowing, Decreased or loss of smell and/or taste, Chills, Diarrhea, Abdominal Pain, Fatigue/Malaise, Chest Pain/ Pressure?
5.  **Yes**  **No** Is there anyone in your household that is experiencing the above symptoms?

*\*If you have answered **yes** to any of the above questions for the safety of our staff and students please self isolate and email us about your classes.\**

**I acknowledge that and confirm, to the best of my ability, that the above information is true and any false information will lead to putting at risk the students and staff of Evelia Espinosa's Art Studio.**

[Client]

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[Full Name]

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[Signature]

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[Relationship to student]

# Evelia Espinosa's Art Studio

Covid-19 Consent and Questionnaire form [Pt.2]



## Consent and Risk Acknowledgment:

I understand that while Evelia Espinosa's Art Studio has taken the necessary measures to minimize the risk of viral transmission, the nature of a young classroom environment means that physical distancing will be practiced as best as possible but the risk cannot be reduced to zero. I understand that by attending classes at Evelia Espinosa's Art Studio there is a possibility that either myself or my child may contract any sort of viral illnesses such as, but not limited to, COVID-19.

I acknowledge that putting a non medical mask on my child is **not optional** and that the removal of the mask of my child, another student or teacher will result in the consequences of my child being sent home and not allowed to return, until the end of the pandemic, if it is an ongoing problem. Additionally, I agree to wearing a non medical mask if for any reason I need to enter the Art Studio

Despite there being a risk of contracting a viral illness by attending classes at Evelia Espinosa's Art Studio, I consent to my child attending classes at Evelia Espinosa's Art Studio. By signing this consent form I release the owners and staff of Evelia Espinosa's Art Studio from any and all liability should I, or my child, be exposed to any illness, including but not limited to COVID-19 during my time at Evelia Espinosa's Art Studio.

### [Evelia Espinosa's Art Studio Representative]

\_\_\_\_\_  
[Full Name]

\_\_\_\_\_  
[Signature]

\_\_\_\_\_  
[Title]

### [Client]

\_\_\_\_\_  
[Full Name]

\_\_\_\_\_  
[Signature]

\_\_\_\_\_  
[Relationship to student]

### [Student]

\_\_\_\_\_  
[First name]

\_\_\_\_\_  
[Last name]

Date: \_\_\_\_\_