Step by Step

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Day Nursery\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**COVID19 Health Declaration Form**

|  |  |
| --- | --- |
| Name of Child/ren: |  |
| Child/ren’s DOB: |  |

|  |  |  |
| --- | --- | --- |
|  | **Yes** | **No** |
| According to the Governments’ definition of “shielding”, has anyone living in your household been instructed to shield? |  |  |
| Have you been in contact with any person who is a confirmed case of COVID-19 in the past 14 days? |  |  |
| Does your child or anyone in your household currently have (or have had, in the past 14 days) any symptoms of COVID19 outlined by NHS such as:   * **high temperature** – this means you feel hot to touch on your chest or back (you do not need to measure your temperature) * **new, continuous cough** – this means coughing a lot for more than an hour, or 3 or more coughing episodes in 24 hours (if you usually have a cough, it may be worse than usual) * **loss or change to your sense of smell or taste** – this means you've noticed you cannot smell or taste anything, or things smell or taste different to normal |  |  |

**Acknowledgement**

* I agree to informing Step by Step Day Nursery if I have had to administer Calpol or any other pain relief before bringing my child to Nursery.
* I acknowledge that if my child is unwell during the session, develops a temperature or displays any other COVID19 symptoms he/she will be collected (or refused entry) and we will adhere to NHS advice / guidelines.
* I will inform the Nursery immediately if there any changes to the answers provided.
* I have answered all questions to the best of my knowledge.
* I acknowledge and agree to the collection, use and disclosure of my personal data and health information for the purposes set out in this form.

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

Print Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_