



COVID19 Health Declaration Form

Name of Child/ren:

DOB/S:

According to the Government's definition of "high risk", is anyone living in your household deemed as "high risk"?

Yes/No

Have you been in contact with any person who is a confirmed case of COVID-19 in the past 14 days?

Yes/No

Does your child or anyone in your household currently have (or have had, in the past 14 days) any symptoms of COVID 19 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

Yes/No

Acknowledgement

- I agree to informing Plus Three Nurseries Ltd 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 are 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:.....

Initial Steps Ltd

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