**Covid-19 - Parental declaration**

At Meppershall Pre School, we have worked hard to put systems in place that will ensure that our environments are safe places for both your children and our staff. We take this responsibility incredibly seriously but will need your assistance to ensure that we are able to maintain our safe learning environments.

We, therefore, ask that you complete the form below which outlines particular activities that will help to keep our setting safe.

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| --- | --- | --- |
| Please can you confirm the following: | Yes | No |
| 1. I and the adult members of my household are aware of the symptoms of coronavirus (COVID-19). |  |  |
| 1. I and the adult members of my household are aware of the need to self-isolate should anyone experience the symptoms of coronavirus. |  |  |
| 1. I will notify Meppershall Pre School as a matter of urgency should someone in my household become symptomatic. |  |  |
| 1. I understand that should my child become ill during their time at Meppershall Pre School, I or a member of my household will need to collect my child within 1 hour to minimise my child’s discomfort and to minimise the possible spread of any infection or other childhood illnesses. |  |  |
| 1. I understand that I will not be able to bring my child to Meppershall Pre School if my child wakes with a temperature and I feel that it is necessary to reduce their symptoms by giving, for example, calpol or any other products which contain paracetamol or ibuprofen. |  |  |
| 1. I understand that I will be asked to keep my child at home for a minimum of two weeks should my child develop some of the coronavirus symptoms whilst in the care of Meppershall Pre School. |  |  |
| 1. I understand that during this period Meppershall Pre School will not administer non-prescribed medication to reduce temperature as it may mask my child’s symptoms, which could delay access to vital medical advice/assistance. |  |  |
| 1. I understand that Meppershall Pre School will need to restrict the toys and items that my child brings from home to minimise the risk of infection. |  |  |
| 1. I and adult members of my household commit to following the social distancing guidance issued by the Government. |  |  |
| 1. I understand that if I or a member of my household breaches social distancing rules that Meppershall pre-school can suspend my child’s place with immediate effect and that this suspension will last for a minimum of 2 weeks. |  |  |

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|  | YES | NO |
| 1. I understand that should my child’s place be suspended and I seek out alternative provision during this period, that Meppershall Pre School reserves the right to contact my child’s new setting to share the reason for suspension in order to protect and safeguard the children and staff in the new setting. |  |  |
| 1. I understand that should my child or anyone from our household or with whom we have been in contact with develop symptoms of covid-19, they will need to be tested. We will obey the governments ‘test, track and trace’ rules including that we will isolate for 14 days if needed, even if no symptoms are present, if we have been in contact with someone who has a positive test result. Results of coronavirus tests of children or family members, must be shared with Pre School via email or text message as requested. |  |  |
| 1. I give permission for staff to video during the session ie; a story / songs to share with children who have not been allocated a space at this time.   (Your child will not be seen from the front in any videos shared to other parents / carers) |  |  |
| 1. I give permission for photos of my child during the session, to be added to our Pre-School Facebook page and to our Closed Facebook group for parents / carers. |  |  |
| 1. I give permission for photos of my child to be added to our Pre-school website. |  |  |
| 1. I agree that I have received and read the parents safety information document, the covid-19 policy and that I have the right to request a copy of Meppershall pre-school’s risk assessment |  |  |

Name: Relationship to Child:

Signed by: Date: