

Parental Covid-19 Declaration



At SVPS we are working to put systems in place that will ensure that our environments are safe places for both your children and our staff. We will need your assistance to ensure that we are able to maintain our safe learning environments.

We, therefore, ask that you complete and return the form below which outlines particular activities that will help to keep our setting safe. Please be aware that failure to follow the conditions listed could limit our ability to provide your child's place.

<i>Please confirm the following:</i>	Yes	No
1. I and the adult members of my household are aware of the symptoms of coronavirus (COVID-19).		
2. I and the adult members of my household are aware of the need to self-isolate should anyone experience the symptoms of coronavirus.		
3. I will notify SVPS as a matter of urgency should someone in my household become symptomatic / be contacted by Track & Trace / receive a positive test result		
4. I understand that should my child become ill during their time at SVPS, 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.		
5. I understand that I will not be able to bring my child to SVPS 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.		
6. 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 SVPS unless a negative test result is obtained.		
7. I understand I must keep SVPS informed of all illnesses and conditions that my child is known to have or awaiting diagnosis of, to allow an accurate assessment of my child's safety at SVPS.		
8. I understand that during this period SVPS 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.		
9. I understand that SVPS will need to restrict the toys and items that my child brings from home to minimise the risk of infection.		
10. I and adult members of my household commit to following the social distancing guidance issued by the Government.		
11. I understand that if I or a member of my household breaches social distancing rules that SVPS can suspend my child's place with immediate effect and that this suspension will last for a minimum of 2 weeks. I will continue to be liable for all fees at such time.		
12. I understand that should my child's place be suspended and I seek out alternative provision during this period, that SVPS 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.		
13. I understand that should coronavirus cases occur within the pre-school staff or children it may be required to close temporarily by Public Health England for a quarantine period.		
14. I understand SVPS may be required to share information as part of Track & Trace requests. I authorise such disclosure as long as it complies with GDPR requirements.		

Childs Name:	Signed by:	Date:
	Print name:	