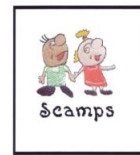


# SCAMPS

Stanley Combined AM/PM Project Ltd  
65A Strathmore Road Teddington TW11 8UH  
020 8943 9313 enquiries@scampsteddington.co.uk



Name of child/children	
DOB child/children	
Sessions child/children attend	

Covid-19 Health Declaration	YES	NO
Have you or your child been in contact with any person who is a confirmed case of Covid-19 within the last 14 days?		
Does your child, or anyone in your household currently have (or ever had in the last 14 days) any symptoms of Covid-19 outlined by the NHS as: <ul style="list-style-type: none"> <li>• High temperature</li> <li>• New, continuous cough</li> <li>• Loss or change to your sense of smell and taste?</li> </ul>		
Has your child, or anyone in the household, has tested positive to Covid -19 or been advised by the NHS test and trace to isolate?		
Has your child has travelled abroad to any country other than those currently identified as safe in the last 14 days?		

Acknowledgements	Initial to agree
I have answered all questions to the best of my knowledge.	
I will inform Scamps immediately if there are any changes to these answers provided above	
My child is capable of following the Scamps rules relating to protective measures, such as <ul style="list-style-type: none"> <li>• not mixing with children in other bubbles,</li> <li>• washing their hands regularly,</li> <li>• coughing and sneezing into a tissue and disposing of it safely,</li> <li>• not touching other children.</li> </ul> I understand that if they are unwilling to follow the rules, they may not be allowed to attend future sessions. I understand that pre-school children will be assisted by staff to follow these rules but must still be willing to comply. I will reinforce these rules with them at home.	
I agree to inform Scamps if I have had to administer Calpol or any other pain relief before bringing my child to Scamps	
I acknowledge that if my child is unwell whilst at Scamps, develops a temperature or displays other Covid -19 symptoms he/she will be collected immediately (or refused entry) and we will adhere to NHS guidelines	
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 .....

Mobile number\* .....

\*It is crucial we have the best contact number for you. Please let us know if this changes.