

# Screening and Health Declaration CHILDREN AND FAMILIES



**1. Has your child or anybody in your household developed the following symptoms in the last 48 hours:**

- A new continuous cough
- A fever / high temperature
- Anosmia (a loss or a change in our normal sense of smell, which can also affect your sense of taste)

**If you have ticked any boxes, please do not bring your child to nursery**

**2. Has your child previously been tested for Covid-19?**

- Yes
- No

If yes can you provide us with the date of the test and the results

Date of test:.....

Date of result / outcome:.....

Outcome / Result:.....

**Please ensure you have followed the Government isolation advice and that your child is symptom free before attending nursery**

**3. Has your child or anybody in your household previously had symptoms or contracted Covid-19?**

- Yes
- No

If yes, please provide us with the date symptoms started from and when they ended

Date from: -----to:.....

**If yes, please ensure your child has isolated for the required period as per the Government advice, do not bring your child to nursery if it is too early to do so**

**4. Have you been advised by the NHS to shield your child due to being extremely clinically vulnerable?**

- Yes
- No

**If yes, then please do not send your child to nursery**



**5. Have you or any other member of your household been advised by the NHS to shield due to being extremely clinically vulnerable?**

- Yes
- No

If yes, then please do not send your child to nursery

**6. Do you deem your child as medically vulnerable?**

- Yes
- No

Additional details:.....

If yes, please provide us with further details and seek advice from a medical professional before sending your child to nursery

**7. How do you intend to travel to and from nursery?**

- Walk
- Own vehicle
- Public Transport
- Other (please state):.....

If you are travelling by public transport, then please follow the Government safe travel advice and guidelines

**8. Does your child attend another childcare provision?**

- Yes
- No

If yes, please provide further details:.....

We may not be able to offer a place if you are going to continue to use more than one childcare provider

**9. Are there any changes to your child's health or medication being taking that we need to be aware of?**

- Yes
- No

If yes, please give further details:.....

You will need to ensure you update all the necessary documentation held on file before your child can attend nursery

**10. Is your child's immunisation history up to date?**

- Yes

No

If no, please give details of any gaps:

**We may not be able to offer a place if we feel we cannot keep your child safe due to their immunisation history**

**Please accept this form as my health child / family declaration.**

I confirm that I have read and answered all the questions to the best of my knowledge and agree to keep the nursery fully updated on any changes to this.

I understand that my child's place cannot be confirmed until this document is completed and submitted to the nursery. The confirmation of place will also be subject to meeting the necessary screening.

I understand that in the event of a medical emergency, you will endeavour to contact me as parent, carer and / or named emergency contacts using the information we have supplied previously on our registration form. In the case of my child displaying COVID-19 symptoms whilst attending nursery I understand that we need to prioritise and collect immediately.

We have sought permission from our emergency contacts, and they agree for you to hold their details on file.

I have reviewed the details held on file using the Family system and confirm they are correct and do not need updating.

**Parent 1**

<b>Name:</b>	<b>Signature:</b>	<b>Date:</b>
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**Parent 2**

<b>Name:</b>	<b>Signature:</b>	<b>Date:</b>
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