

Coronavirus/COVID-19

CHILD HEALTH QUESTIONNAIRE AND MENTAL WELL-BEING SUPPORT

Declaration Form

Dear Parent,

Before your child returns to nursery we want you to answer some questions and sign the declaration below. We have put these measures in place to help prevent the spread of Coronavirus (COVID-19) and protect the health of others.

Thank you for your understanding and cooperation

CHILD'S NAME DATE OF BIRTH

PARENTS' NAMES and

CONTACT DETAILS and

FURTHER EMERGENCY CONTACTS:

NAME.....RELATIONSHIP TO CHILD.....

CONTACT NUMBER.....

NAME RELATIONSHIP TO CHILD

CONTACT NUMBER

HEALTH INFORMATION

If you answer 'YES' to any of the questions **in the box** below we ask that you refrain from returning your child to nursery and seek medical advice – ring NHS 111.

Please delete as appropriate below and sign the declaration

Does your child have any of the following symptoms?

New continuous cough and/or Yes/No
High temperature Yes/No
Loss of sense of smell Yes/No

Do you feel that your child is fit to return to nursery?

Yes/No

If No – please give details –

Has your child been in contact with a person confirmed sick with COVID-19?

Yes/No

If yes, please give details including dates –

Has your child/household had to self-isolate since the COVID-19 pandemic started?

Yes/No

If so, please give details including dates –

Has your child tested positive to COVID-19 since the pandemic started?

Yes/No

If so, please give details including dates –

MENTAL WELL-BEING

We are wanting to best support your little one as they return to us. We are hoping that all will settle back in quickly, alongside their friends and our dedicated staff team. In order to help them emotionally please help guide us.

How has your child coped with lockdown with regards to their mental well-being?

Please give details eg. not sleeping, eating poorly, behaviour changes, anxiety, missing grand parents etc.

Please contact the manager should you wish to discuss matters privately.

I have read the Policy, Risk Assessment, and Operational Plan all relating to COVID-19 forwarded to me, and available on the website. YES/NO

I will abide by the guidance forwarded in the recent letter about my child returning to nursery.

I confirm that the answers provided above are true to the best of my knowledge.

Signed:

Print (name in full):

Date:

Once you have completed this declaration if your circumstances change please let us know immediately.