

carpe diem kleuterskool

Adres: NG Kerk Kloofendal, Opalstraat 19, Kloofendal, Roodepoort 1724
Telnr: 011 475 2190 | Sel: 082 568 4230 | Faks: 086 655 1052
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Health Declaration Form - COVID-19 for children attending Carpe Diem Nursery School

I _____ (full name and surname),

ID no: _____, parent of _____

(Child's name and surname), ID/date of birth _____

Hereby certify as follows:

The above mentioned child, has not:

- tested positive with the Covid-19 virus or been identified as a potential carrier of the COVID-19 virus or similar communicable illness ("Coronavirus");
- experienced any symptoms commonly associated with the Covid-19 virus i.e.: **fever ($\geq 38^{\circ}\text{C}$), cough, sore throat etc.**
- been in any location positively designated as hazardous and/or potentially infected with the Covid-19 virus
- been in direct contact with or the immediate vicinity of any person I knew and/or now know to be carrying the Covid-19 virus or has been identified as a potential carrier of the Coronavirus.

I AGREE to notify the headmaster, Annelize Floor of any change in status of my child or other family member that the child had contact with, including diagnosis with Covid-19 and/or quarantine or any other Covid-19 symptoms.

I WILL learn my child to wear a shield or mask

I WILL learn my child to wash and sanitize hands in the correct way.

I am giving consent to having my child's temperature taken prior to entering and during the day.

I am giving consent to all the Carpe Diem staff to touch, hug or carrying my child.

Due to the nature of the CORONA virus **I ACKNOWLEDGE and ACCEPT** the potential risk of exposure to the virus during my child's attendance at school and will not keep Carpe Diem liable for any health risk associated with the Covid-19 virus as I agree with their protocol they send out.

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kleuterskool
gryp die dag
christelik georiënteerd

I ACKNOWLEDGE and ACCEPT that this Declaration will be considered as my consent to Carpe Diem to disclose, share, record and store this Declaration with any relevant authority or service provider for the purposes of ensuring the safety and security of any and all third parties that may come in contact with my child prior, during, and after school.

Signature

Date