



Returning declaration

Name:

Date:

Parent/Carer's name:

Please read the statements below and sign to declare you understand and agree to the measures put in place to protect the staff and children in Bright Stars Childcare.

1. I declare that none of our immediate household are displaying symptoms of COVID 19
2. I understand that if my child starts to demonstrate symptoms of COVID 19 whilst at Bright Stars, I will be asked to collect my child immediately and follow government guidelines on self-isolating.
3. If my child shows symptoms of COVID 19. I will use the testing service and share the results with Bright Stars Childcare.
4. I will inform the nursery if anyone in my household, or my child is displaying symptoms of COVID 19.
5. I understand that the nursery has the right to refuse entry if my child is displaying symptoms of COVID 19.
6. Have you travelled outside of the United Kingdom in the last 14 days?

If so, where _____

SIGN:

DATE:

Thank you for completing this declaration.