
CO-VID 19 DECLARATION FORM

Due to the COVID-19 pandemic, we are taking extra precautions with the intake of children and young people onto the Playground. Please answer these questions truthfully so we may continue to do our best to stop the spread & keep both your child/ren and our staff safe.

Symptoms include:

- Fever
- Fatigue
- Dry cough
- Difficulty breathing
- Sore throat
- Loss of smell or taste

I understand the above symptoms and confirm that my child/ren, as well as all members of my household, do not currently have nor have experienced COVID-19 symptoms within the last 14 days.

Yes No

I confirm that my child/ren, as well as all members of my household, have not been diagnosed with COVID-19 within the last 14 days.

Yes No

I have not travelled outside of the Country in the last month

Yes No

I understand that Slade Gardens Community Play Association CIO cannot be held liable should I experience exposure to the virus or any other contagion as a result of my providing misinformation on this form.

Yes No

I understand that, because Activities your child/ren may engage in will involve and close contact with others, there may be an elevated risk of disease transmission, including COVID-19.

Yes No

I acknowledge that my child/ren must comply with all set procedures to reduce the spread while attending The Playground.

Yes No

By signing this form, I acknowledge that I am aware of the risks involved and give consent to **(CHILD'S NAME)**

to attend the activities provided at Slade Gardens Adventure Playground.

PARENT'S NAME _____

PARENT'S SIGNATURE _____