The Drelincourt School

Covid-19 Parent Declaration



I understand that the symptoms of Covid-19 are

* High temperature
* New and/or continuous cough
* Loss of taste and smell



I will not send my child to school if they have any of these symptoms.



I will inform school if my child has any of these symptoms or if anyone in the house has these symptoms.

Child’s name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_