

Baby & Toddler COVID-19 Declaration

Name(s) of children who you have registered

Have you or your child been diagnosed with COVID-19 within the last 10 days, or are you / they suspected to have it?

YES NO

Do you / your child have a temperature greater than 37.5C?

YES NO

Have you / your child developed unexplained shortness of breath?

YES NO

Have you / your child developed a new and persistent cough?

YES NO

Have you / your child experienced a change or loss in their sense of taste or smell?

YES NO

Have you / your child displayed any other symptoms which may be COVID-19 related in the past 10 days?

YES NO

Parent / Guardian signature

Print Name

Date of signature __ / __ / __