

## Covid19 symptoms checker sheet

To help prevent the spread of COVID-19 in the setting, each camp attendee's parent/guardian must complete and sign this form 3 days before attending a Craft Corner summer camp. On review of the form, The Craft Corner may contact you regarding your attendance, if you answer yes to any of the below questions then your booking will be cancelled and you will be given a full refund

All information included in this form will be handled confidentially.

Child's (Children's) Name	
Parent/Guardian's Name & Contact Details	
Summer Camp Location	

Has anyone in your household had any symptoms of cough, fever, high temperature, sore throat, runny nose, breathlessness or flu like symptoms now or in the past 14 days?	Yes / No
Has anyone in your household been diagnosed with confirmed or suspected COVID-19 infection in the last 14 days?	Yes / No
Has anyone in your household or immediate social group been in close contact to a person who has a confirmed or suspected case of COVID-19 in the past 14 days (i.e. less than 2 metres for more than 15 minutes accumulative in 1 day)?	Yes / No
Has anyone in your household been advised by a doctor to self-isolate at this time?	Yes / No
Has anyone in your household been advised by a doctor to cocoon at this time?	Yes / No
Please provide details of any other circumstances relating to COVID-19, not included in the above, which may need to be considered to allow your safe attendance at a summer camp with us. Include information if you live with a person considered vulnerable to COVID-19.	Yes / No

\*\* If your situation changes after you complete and submit this form, please inform The Craft Corner immediately

Signature.....

Date:.....