

COVID-19 CAMPER DECLARATION FORM

Due to the ongoing pandemic, a parent or guardian of any child attending the St Lawrence College Holiday Camp must complete the declaration form below. All information received will remain **confidential** and will only be shared with limited members of staff and on a strict 'need to know' basis.

IMPORTANT:

- DO NOT ATTEND THE ST LAWRENCE COLLEGE SITE IF YOU ARE ILL AND DISPLAYING SYMPTOMS OF COVID-19 (a cough, high temperature, shortness of breath and/or loss of taste and smell)
- If you or the child detailed on this form become unwell at any point following the completion of this form or after 7 days of visiting the college you will be required to notify us.
- This information is required in compliance with our COVD-19 Risk Assessment.

Name of camper:				
Preferred contact no.	Mobile no.: Work no.:	in a substitution of the s		
Has the child named above come into contact with anyone who has tested positive to COVID-19 in the last 14 days?		□Yes	□No	
If yes, please provide details?				
Has the child named above recently shown COVID-19 symptoms (a cough, high temperature, shortness of breath and/or loss of taste and smell)?		□Yes	□No	
Have you or anybody in your household recently travelled anywhere for work or for personal reasons that are considered to be in high-risk location?		□Yes	□No	
		If Yes, where?		
	ve given in this declaration is true and t I will notify SLC if my child becomes days of visiting SLC.			
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Signature	Print Full Name	Date		

