***Please read the following thoroughly and tick where indicated.***

***Failure to do so may result in your child’s licence not being issued.***

* I confirm that my child is not suffering from any COVID 19 symptoms and has not been for 7 days prior to today.
	+ ***COVID 19 symptoms are defined as having a high temperature, a new continuous cough and a loss sense of taste and / or smell (please refer to government and Public Health England guidelines).***
* I confirm that my child and whoever they reside with have not knowingly had contact with anyone with COVID 19 symptoms within 14 days prior to today.
* I confirm that I am not aware of any health condition which could put my child at greater risk of COVID 19 infection.
* I confirm that I will contact the organiser of the production should there is a change in my child’s health or they have come into contact with anybody displaying COVID 19 symptoms before the production begins.
* I confirm that I will not attend the production should my child or anyone in my household be isolated as a result of illness, local lockdown, change in government advice, or advised to by track and trace personnel.
* I consent to allowing a paramedic to take my child’s temperature prior to performing and again as appropriate and if requested to do so.
* I confirm that we will adhere to social distancing throughout the performance and will maintain rigorous hand hygiene.

|  |  |
| --- | --- |
| Parent Name (print) |  |
| Parent Email Address |  |
| Parent Telephone Number |  |
| Child’s Name |  |
| Production Title & Date of Assignment /Licence No |  |
| Date |  |
| Parent Signature |  |

Please email this form to St Helens Education Welfare Service: childlicensing@sthelens.gov.uk