



Please complete and sign the following:

Name of child/children: _____

Please
✓

- I/we have read and understood the 'Activity Week Extra Protective Measures' information.
- I/we have discussed this information with my child/children who are attending the activity week.
- My child/children can conform to and understand Covid-19 social distancing and hygiene measures.
- My child/children will not attend and I/we will let White Hall Centre staff know if anyone within the family or someone who has been in close contact, has shown symptoms of Covid-19.

Signed: _____

Please print name: _____

Date: _____

