**Please complete and sign the following:**

Please ✓

**Name of child/children: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

* **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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**H;Covid-19/Summer Activities/Extra Protective Measures**