



## Chronic symptoms Parental Declaration Form

<b>Child's Name:</b>	<b>Manager's Name:</b>
<b>Parent's/Guardian's Name:</b>	
<b>Name of Setting:</b>	
This form is to be used when children experience chronic symptoms which might cause concern in light of COVID-19.	
<b>Declaration:</b> My child has specific symptoms linked to a condition (s)he receives medical advice for e.g. chronic cough in a child with asthma.  Symptoms child experiences (please note them):   These symptoms are consistent with his/her stable condition and are not related to COVID-19. I understand that if my child becomes unwell, or the symptoms change, they will be excluded and will be discussed with their GP, as per national recommendations.  Signed _____  Date: _____	