**Electronic form that may be used by Unit Scouters for a three (3) month period at a time**

**Parent Declaration COVID-19 Screening form for the period 16 September 2021 – 15 December 2021**

Sanitisation will still be done at each Scout event.

By submitting this form you are agreeing that your child/ward will not attend Scout activities if he/she displays any of the following symptoms:

1. Fever/Chills
2. Cough
3. Sore throat
4. Shortness of breath
5. Body aches
6. Redness of eyes
7. Loss of smell or taste
8. Nausea/ vomiting/ diarrhoea
9. Fatigue / weakness

\*Required

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

\*Your child/ward name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\*

Meerkat

Cub

Scout

\*I understand that this form is being submitted for the time period of 16 September 2021 to 15 December 2021

Yes

No

\*I undertake to monitor the relevant COVID-19 symptoms with my child/ward. Should my child/ward display any symptoms, I will alert the Unit Scouter and keep him/her home.

Yes

No