**Home/School Agreement – Covid -19 Pandemic September 2020**

**(Please complete either by hand or electronically and return to school via** [enquiry@stjonmon.bham.sch.uk](mailto:enquiry@stjonmon.bham.sch.uk) **)**

If you, your child or anyone you live with in your family home has the following symptoms:

* a new continuous cough
* a high temperature
* a loss of, or change in, your normal sense of taste or smell (anosmia)

You and your family will need to self-isolate for 14 days. Your child cannot attend at this time.

We reserve the right to take your child’s temperature when they are with us. If they have a temperature for whatever reason, you will have to come and collect them. Children will be kept in isolation until they are collected. Prompt collection is required. **ALL** children and staff from the group your child is working in will be informed. You will be asked to take your child to be tested <https://www.nhs.uk/conditions/coronavirus-covid-19/testing-for-coronavirus/ask-for-a-test-to-check-if-you-have-coronavirus/> and will have to self-isolate for 14 days. You must inform school of the results of the test so that the parents and staff of your child’s group can be informed.

**PLEASE TICK EVERY BOX TO SHOW YOU HAVE READ AND AGREED.**

**Provision**

|  |  |
| --- | --- |
| Statement | Please tick |
| I will park outside of the school on the public road not blocking the zig-zag lines or parking inconsiderately. |  |
| I will only enter the schools ground in the morning if I am dropping my child off in Rec/KS1 (1 adult only allowed on premises) |  |
| I will be prompt to school at the time my child’s year band has been allocated |  |
| I will not congregate with others either outside the school gates or inside the school perimeter |  |
| I will keep 1 metre + away from other families waiting to come in**.** I will follow the one-way exit around the school. |  |
| I understand that no parent/carer will be allowed in the school office. (For queries use school number 0121 464-5868 or email [enquiry@stjonmon.bham.sch.uk](mailto:enquiry@stjonmon.bham.sch.uk) |  |

**Health risks**

|  |  |
| --- | --- |
| Statement | Please tick |
| I understand that the school and parents/carers need to undertake as stringent practice as possible to reduce the risks of transmission of the virus. |  |
| I understand that the adults working in the school will try to maintain social distancing whilst working with the children; however, they are caring for the children and therefore may at times need to work closer than 1 metre plus with them e.g. First Aid |  |
| I understand that whilst the school will endeavour to regularly clean the areas used and will engage in frequent hand washing, we are unable to guarantee a virus-free school. |  |
| I will ensure that my child has high levels of hygiene and cleanliness to reduce risk of transmission coming to school. |  |

**Clothing/personal items**

|  |  |
| --- | --- |
| Statement | Please tick |
| I will ensure that my child returns to school in full school uniform |  |
| I will ensure that my child brings to school a **Named** water bottle every day and a packed lunch if they are not receiving a school lunch |  |
| My child will not bring any items to the school from home with them except necessary items e.g. coat lunchbox, reading bag, PE Kit |  |
| If my child has medication for asthma, allergies or other conditions, it is my responsibility to ensure that the medication is in date. I will hand it to an adult on the first day. |  |

**Illness**

|  |  |
| --- | --- |
| Statement | Please tick |
| I will not bring my child to the school premises if they have any symptoms of coronavirus or if anyone in the household has symptoms. This includes a temperature or a cough. I will isolate my child for 7 days and the whole household for 14 days if this is the case and will inform the school immediately. |  |
| I understand that if my child becomes unwell during their time in the school, they will be immediately placed in isolation (in accordance with government guidance) and I will be contacted and asked to collect them immediately If I can’t be reached, the other contacts given will be called. I understand that the school staff will not have to prove or justify their decision about a child’s illness. |  |
| I understand that if my child displays any symptoms, they can be taken for a test. Outcome of test must be reported to school. I must keep school informed of my child’s condition upon leaving school. |  |
| I understand that if my child falls dangerously ill the staff will contact medical services as well as contacting me. |  |

**Child’s name:**

**Signed: (parent/carer name)**

**Date:**