

COVID 19 Response

Key Worker Record

School name _____

Child's name _____

Parent's name _____

Contact phone number 1 _____

Contact phone number 2 _____

How many adults live in your house? _____

Job title and workplace address **for each adult,**

How many hours / days do you usually work? _____

Does the closure/online learning of school mean that you cannot attend your job?

Can anyone else look after your child? _____

I confirm that I have no other option and will be unable to attend work as I must stay at home to look after my child. I understand that the purpose of adjusting school opening times was taken to reduce the number of children in schools to enhance the effectiveness of our whole community response to the COVID 19 virus. Schools are not operating as normal and can only provide supervised learning where no other option is available.

Please be aware that social distancing is very difficult for children of nursery age. We will implement measures, but you need to be aware that a risk remains.

Signed _____ Date _____

Thank you for the critical work you are doing to support our community. **I need childcare/supervised learning on: - please give an indication of days and times.**

Monday		
Tuesday		
Wednesday		
Thursday		
Friday		

About your child:

Name _____

Does your child have any allergies?

Does your child need any medication in school? Yes / no

If your child needs medication, you will need to complete medical forms.

Does your child have any additional needs – *e.g., an IEP, action plan or care plan.*

Yes / no

If yes, please give details below.

Please tell us about any other information you feel is relevant which will help us to look after your child. (*e.g., pick up arrangements each day.*)

