



# Covid-19 Parent Agreement

for

Acorn Nursery LLC  
PO Box 22698  
Doha, Qatar  
Tel: (+974) 403 87 684  
Email: info@acornqatar.com

Full name of child

The nursery is taking additional measures during the Covid-19 crisis to ensure the wellbeing of all students, parents, staff and other visitors. This includes reducing foot traffic on to the premises, a closer monitoring of the health status of all stakeholders, additional infection control measures, and efforts to enforce social distancing. Please carefully read each of the statements below and indicate your answer on the right-hand side.

## Undertaking

I hereby undertake and agree that:

- a. I will not permit my child to attend nursery if anyone in the household is showing (or has experienced within the last 14 days) any Covid-19 symptoms, such as:
  - a fever or temperature above 37.8 degrees C
  - cold or flu-like symptoms
  - dry cough
  - vomiting
  - runny nose
  - shortness of breath
  - unusual rashes
- b. I will not permit my child to attend nursery if anybody in the household is not showing "Green" on the EHTERAZ app
- c. The person dropping off and collecting the child from nursery will show the EHTERAZ app and have their temperature taken before being allowed on the premises; and that Acorn Nursery has the right to refuse entry. To reduce crowding, only one adult will be permitted entry for each child.
- d. I confirm my child has not been in close contact with anyone diagnosed with Covid-19
- e. Parents, and whoever drops-off and collects my child, will maintain a distance of 2m from others at all times, and will not be permitted within the nursery buildings
- f. Personal items (such as water bottles, lunch boxes etc) will be sterilised every day. Note we will be unable to heat children's food until further notice.
- g. I will not permit my child to bring toys, books, blankets and other items from home in to the nursery, other than the necessary personal items listed above.
- h. I confirm my child is fully immunised in accordance with the Qatar Ministry of Health guidelines.

## Answer

- Agree  DO NOT agree

## Travel History

List all countries your child and your immediate household have visited during the last 14 days

## Answer

## Signature

In signing below, I declare my above answers to be truthful and complete.

Name (print name of person completing this form)

Signature

Date

DD / MM / YY