

PARENT/CARER PHASED RE-OPENING AGREEMENT FOR YEAR SIX PUPILS (from 29th June 2020)

In order to minimise the risk of the spread of COVID-19 in schools, the government has produced advice and guidance for schools and families, which has informed our Risk Assessment and Plan for the Phased Reopening of Monksdown Primary School.

Please tick each statement to agree that:	TICK
Should it become impossible for Monksdown Primary School to commence or continue the	
provision for Year Six, due to staff illness / self-isolation, or a rise in the number of key worker	
children attending the school, then the provision may need to be withdrawn at short notice.	
My child will need to arrive and be collected at the times specified in the Phased Re-Opening Plan.	
Class 6-1 (Start 9.00 – 2.30pm)	
Class 6-2 (9.30 – 3.00pm)	
Monday to Thursday (School will be closed on Friday to Year 6)	
I will adhere to the 2m social distancing rules when dropping off and collecting my child.	
I will not be allowed into the school building unless there is a medical emergency and I will communicate with the school staff via telephone or email.	
My child will wear full school uniform.	
My child will be taught in group of no more than 10 children and that this may not be with my	
child's current class teacher or in their usual classroom.	
My child will not be able to mix with children or adults from the other groups in school.	
Once placed in a particular group, my child will not be able to move into a different group.	
The social distancing rules will apply to all interactions between staff and children at our school.	
I will collect my child if he/she <i>deliberately</i> fails to adhere to the social distancing rules and the offer of a place for my child will be withdrawn.	
Whilst school staff will endeavour to reduce the risk of the spread of COVID-19 through the measures outlined in the Risk Assessment, they cannot guarantee our school will be risk-free.	
My child will be asked to wash their hands using soap and water regularly throughout the day and will use hand sanitiser with an alcohol content of above 60%.	
My child will not bring items from home into school, other than a water bottle and a packed lunch.	
To reduce the chances of the transmission of COVID-19 to my home, I will support my child with any personal hygiene measures I see fit when they return from school, e.g. bath, shower, hair washing, hand washing.	
My child wears clean clothing (school uniform) each day to reduce the risk of transmission.	

Please tick each statement to agree that:			TICK
I will NOT bring my child to school if they, or	ANYONE in the household, displ	ays ANY of the	
symptoms of COVID-19. If this is the case, the	e whole household will isolate fo	or 14 days and I	
will inform school immediately.			
If my child is absent for any reason, I will infor	m the school in the usual ways b	efore 8.40am on	
the first day of absence.			
If my child needs any other form of medication	n, I will need to complete a Medi	cation Form as per	
the school's usual policy.			
I will inform school staff if I have given my chil	d any medication, e.g. paracetan	nol, prior to coming	
to school.			
If my child becomes unwell at school, he/she w	will be placed in isolation, in acco	ordance with	
government guidance, and I will be contacted	to collect him/her as soon as pos	ssible.	
School staff will not be required to prove or ju	stify their decision about my chil	d's illness and that	
if they believe my child to be unwell, they will	act on it.		
If the staff believe my child to have fallen dang	gerously ill, they will contact the	emergency services	
for help.			
If any of the adults or children in my child's gro	oup show symptoms of COVID-19	9, my child will	
need to isolate for 14 days.			
If my child requires intimate care, first aid or a	ny intervention at close proximit	ty, that the staff	
will be required to wear PPE to administer it.			
I have read and understood the school's Risk A	Assessment.		
I have read and understood the Plan for the Pl	nased Re-Opening of Monksdowi	n Primary.	
Child's Name:	Parent/Carer Signature:	Date:	