



# TEMPERATURE TAKING CONSENT FORM

Name of Child: \_\_\_\_\_

DOB of Child: \_\_\_\_\_

Child's Pod: \_\_\_\_\_

I, \_\_\_\_\_, consent that staff of **Crawford Childcare**, can take my child's temperature as part of the COVID-19 Risk Management Strategy.

Signed by Parents/Guardians: \_\_\_\_\_

Signed by Manager: \_\_\_\_\_

Signed by COVID Lead Representative: \_\_\_\_\_

Date: \_\_\_\_\_