



WESSELS DANCE STUDIO

NAME (child) _____

SURNAME: _____

DATE: _____

I hereby give permission for a member of Wessels Dance Studio team to take a temperature reading upon entering the studio for each class.

I also agree that I will not send the above mentioned learner to class if he/she is displaying any of the following symptoms.

SYMPTOMS: Cough sore throat, fever, fatigue, red eyes, nausea, diarrhea.

SIGNATURE:

Date: