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|  **COVID-19 Return to School Form** |
| **Name of School: North Monastery Primary School** |
| **Child’s Name:** | **Class Teacher:** |
| **Classroom:** | **Return Date:** |
|  | **Yes** | **No** |
| Has your child attended the GP? |  |  |
| Was the Covid19 test positive? |  |  |
| Has any other close family member been diagnosed with Covid19? |  |  |
| Does your child still have a temperature? |  |  |
| Does your child have any further symptoms of Covid19? |  |  |
| Is your child fully recovered now? |  |  |
| Did your GP give permission for your child to return to school? |  |  |
| Do you have a letter from the GP? |  |  |
| Any other comments? |

Parent’s/Guardian’s name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_

Parent’s/Guardian’s signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_