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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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_