

Return to School Form

Following a child displaying symptoms of Covid 19 or complaining of feeling unwell. Please return this form to the school principal when your child returns.

Child's name: _____

Child displayed the following symptoms in school on _____ (date):

Child displayed the following symptoms at home on _____ (date):

I have contacted our GP (please tick appropriate box):

- by phone
- my child had an appointment
- other. Please state: _____

Date contact was made: _____

GP's name: _____

GP's address: _____

GP's contact number: _____

The GP advised that my child is fit to return to school on _____ (date)

I hereby give permission for the school to contact the above GP should there be queries about my child and Covid 19. I understand that the school will only discuss Covid 19 with the GP and that information relating to the health and wellbeing of my child will be treated with the utmost confidentiality. **I have let my GP know that the school will make contact if they have questions.**

Signed: _____

In the event that you do not wish to give permission for the school to contact the GP, please ask the GP to write a brief note confirming that your child is ready to return to school. The note from the GP is attached to this form.

Signed: _____

I did not contact the GP but my child has been in self-isolation for the past 14 days.

Signed: _____

My child was tested for Covid 19

On: _____

Result came back

- Negative
- Positive

On: _____