

Return to School Form

This form must be completed by parents at least 3 days in advance of their child returning to school.

If the answer is Yes to any of the below questions, you are advised to seek medical advice before your child returns to school.

***Required**

1. Your full name. *

2. Your child's name *

3. Name of school *

4. Please answer the following questions. *

Tick all that apply.

	Yes	No
Does your child have a temperature of 38 degrees Celsius or more?	<input type="checkbox"/>	<input type="checkbox"/>
Has your child any other common symptoms of coronavirus - a new cough, loss or changed sense of taste or smell, or shortness of breath?	<input type="checkbox"/>	<input type="checkbox"/>
Has your child been in close contact with someone who has tested positive for coronavirus?	<input type="checkbox"/>	<input type="checkbox"/>
Has your child been living with someone who is unwell and may have coronavirus?	<input type="checkbox"/>	<input type="checkbox"/>

5. Is your child displaying symptoms of any other childhood illness? *

Mark only one oval.

☐ Yes

☐ No

6. If your answer is yes to 'childhood illness', please state what it is and keep your child at home for 48 hours after the symptoms have ceased.

7. Signed (Parent type name here if completing online) *

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