



COVID-19 Return to Grovelands Form

To help prevent the spread of COVID-19 in Grovelands, every child/family must complete and sign this form before returning to our centres. On review of the form, management may contact you and ask you not to return to Grovelands immediately and will discuss a suitable future date for your return. N.B. Every question must be answered. Please circle as appropriate.

Childs Name: _____

1. Does your child have symptoms of cough, fever, high temperature, sore throat, runny nose, breathlessness or flu like symptoms now or in the past 14 days? Yes No

2. Have your child been diagnosed with confirmed or suspected COVID-19 infection in the last 14 days? Yes No

3. Is your child a close contact of a person who is a confirmed or suspected case of COVID-19 in the past 14 days (i.e. less than 2 metres for more than 15 minutes altogether in 1 day)? Yes No

4. Has your child been advised by a doctor to self-isolate at this time? Yes No

5. Has your child been advised by a doctor to cocoon at this time? Yes No

6. Has your child been outside of Ireland in the last 14 days? Yes No

7. Please provide details* below of any other circumstances relating to COVID-19, not included in the above, which may need to be considered to allow your child's safe return to Grovelands.

Additional Information

* If your situation changes after you complete and submit this form, please tell management.

Print Parents Name: _____

Date:

Parent Signature: