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. Should you answer yes to any of the questions you may not return to Grovelands and instead must contact the centre in the morning to 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. Has 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 childs safe return to Grovelands.

Additional Information

Please tick each of the boxes below once completed and return to the centre :

- ☐ I am aware that my child can not attend the service if they are showing any symptoms of COVID 19, any signs of a respiratory infection or a high temperature
- ☐ I understand that Calpol or Nurofen is not permitted to be administered to my child to reduce their temperature before they come into the centre. If they are displaying signs of a fever, they must stay at home.
- ☐ I understand that if my child becomes a close contact of a person who has a confirmed diagnosis or is suspected of having COVID-19 they must not attend the centre, and must remain at home in quarantine for 14 days. I am also aware that it my responsibility to inform Grovelands that my child is a close contact.
- ☐ I understand that the ongoing provision of service will only continue while the Directors deem it is safe for children, their families and our staff. This decision will be made in line with public health advice and the availability of staff to operate the service safely.
- ☐ Daily updates will be posted on ChildPaths & Facebook. If you have not activated your ChildPaths account please do so. I understand that individual messages will not be issued and that it is my responsibility to check for updates.

* If your situation changes after you complete and submit this form it is your responsibility to inform management immediately.

Print Parents Name:_____ Parent Signature:

Date: