

Return to Farran Montessori School A.M.I.  
Form for children

Child's name:

Parents/ Guardians Name:

Questions regarding COVID 19 (please answer yes or no to all questions)

1. Does your child have symptoms of cough, fever, high temperature, sore throat, breathlessness or any flu like symptoms now or in the past 14 days?
2. Has your child been diagnosed with a confirmed or suspected COVID-19 infection in the last 14 days?
3. Has your child a close contact of a person who is a confirmed or suspected case of COVID-19 in the last 14 days ( ie. less than 2 metres for more than 15 minutes accumulative in 1 day) ?
4. Has your child been advised by a doctor to self-isolate at this time?
5. Has your child been advised by a doctor to cocoon at this time?
6. 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 the setting.

Sign:

Date: