**Returning to School Safely**

Dear Parent/Guardian we are looking forward to welcoming your child back to school tomorrow. This Form has just become available to me. To ensure your child’s safety and wellbeing and that of whole school community we are asking that you would complete and return this form by return. If you answer ‘yes’ to any of the questions 1-5 below please contact Ms McDonagh immediately.

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Questions** | **YES** | **NO** |
|  | Pupil’s Name: |  |  |
|  | Class: |  |  |
| 1. | Does your child have symptoms of cough, fever, high temperature, sore throat, runny nose, loss of taste or smell, breathlessness or flu like symptoms now or in the past 14 days? | **YES** | **NO** |
| 2. | Has your child or anyone in your household been diagnosed with confirmed or suspected COVID-19 infection in the last 14 days? |  |  |
| 3. | Has your child or anyone in the household been advised by the HSE that they are a close contact of a person who is a confirmed or suspected case of COVID-19 in the past 14 days? |  |  |
| 4. | Has your child or anyone in your household been advised by a doctor to self-isolate at this time? |  |  |
| 5. | Has your child been in a country not on the Green List in the past 14 days. <https://www.gov.ie/en/publication/8868e-view-the-covid-19-travel-advice-list/> |  |  |
| 6. | I understand that should a case of COVID 19 be confirmed in the school it is the HSE that will inform any parents whose child has come into close contact via the contact tracing process. The instructions of the HSE should be followed. Staff and pupil confidentiality is essential at all times. |  |  |
|  | **Designated Person** | **Contact Details** | |
| 7. | Please give contact details of person that will be available to pick up your child from school should they develop COVID like symptoms in school. This person should not be in a very high-risk category and should be able to be at the school within 30 minutes of a phone call or text. We will always contact you in the event that you are not the designated person. We will also make a follow up call to confirm the steps that you have taken to ensure that your child can return safely to school. | Name:  Relationship to Child:  Mobile Phone: | |

*Please note that if your child develops COVID like symptoms they and any siblings currently enrolled in the school will be required to stay at home until you have taken and acted upon advice from your GP.*

I/we understand that by completing and returning this form I/we are agreeing to comply with all the protocols being put in place by the Board of Management to ensure my/our child’s safety and that of the school community

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Parent/Guardian Signature Date