# Appendix 4: Return to Setting Form for Children

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| **Childs Name:** | Manager Name: Karolina Sexton |
| **Parents/Guardians Name:** |
| **Name of Setting: Play Together** |
| Questions regarding COVID-19 | Yes / No |
| 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? |  |
| 2. Has your child been diagnosed with confirmed or suspected COVID-19 infection in the last 14 days? |  |
| 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? |  |
| 4. Has your child been advised by a doctor to self-isolate in the past 14 days? |  |
| 5. Has anybody from your child’s household been traveled abroad in the last 14 days? |  |
| 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 returnto the setting.  |
|  **If you answer yes for any of above questions, please contact Iwona 0833187143 before you send your child back to our preschool.**  |

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

Date:…………………………………….

Parent’s signature:…………………………………………………….