



Scoil Thomáis

Laurel Lodge, Castleknock, Dublin 15, D15 VWO2
www.scoilthomais.ie

Return to School Checklist COVID-19 - For Parents to Complete for their Child

This checklist should be completed by parents in advance of their child returning to school.

If the answer is Yes to any of the below questions, seek medical advice before allowing your child return to school.

(you do not need to send this to the school but it is an important guide for parents)

If considered necessary the school may request a Return to School Declaration based on this checklist.

Pupil Name *

Class:

Room No.

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

Has your child been diagnosed with confirmed or suspected COVID-19 infection in the last 14 days? *

Yes

No

Have you been advised by the HSE that your child is a close contact of a person who is a confirmed or suspected case of COVID-19 in the past 14 days? *

Yes

No

Have your child been advised by a doctor to self-isolate at this time? *

Yes

No

Has your child been advised by a doctor to cocoon at this time? *

Yes

No

Have you been advised by your doctor that your child is in the very high risk group? If yes, please liaise with your doctor and the School Principal/Deputy Principal re return to school. *

Yes

No

Travel from Abroad: Has your child travelled from any location not on the "green list" <https://www.gov.ie/en/publication/8868e-view-the-covid-19-travel-advice-list/> *

Yes

No

If yes, what date did your child return? i.e. has your child completed 14 days self-isolation

Please confirm

I confirm, to the best of my knowledge that my child has no symptoms of COVID-19, is not self-isolating or awaiting results of a COVID-19 test.

Please note: Scoil Thomáis is collecting this sensitive personal data for the purposes of maintaining safety within the school in light of the Covid-19 pandemic. The legal basis for collecting this data is based on vital public health interests and maintaining occupational health and will be held securely in line with our retention policy.

Parents Signature *

Date: _____