

PLATFORM STAGE SCHOOL

Return to Class Form

To help prevent the spread of COVID-19 in our classes, every parent/guardian must complete and sign this form before classes commence. On review of the form, Liz Brennan may ask you not to return to class immediately and will discuss a suitable future date for your return. **EVERY QUESTION MUST BE ANSWERED.**

NAME: _____ DOB ____ / ____ / ____

ADDRESS: _____

MOBILE NUMBER: _____ EMAIL ADDRESS: _____

Questions

Do any members of your family have symptoms of cough, fever, high temperature, sore throat, runny nose, breathlessness or flu like symptoms now or in the past 14 days?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Have any members of your family been diagnosed with confirmed or suspected COVID-19 infection in the last 14 days?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Have any members of your family been in close contact with a person with a confirmed or suspected case of COVID-19 in the past 14 days (ie. Less than 2 metres for more than 15 minutes accumulative in 1 day)?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Have any members of your family been advised by a Doctor to self-isolate in the last 14 days?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Please supply any details below of any circumstances relating to COVID-19, not included in the above, which may need to be considered to allow your child's safe return to classes.	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Please confirm that you will immediately contact us if you have any reason to believe that our staff or children may be in danger of contracting COVID-19.	YES <input type="checkbox"/>	NO <input type="checkbox"/>

Please advise if your child has any underlying condition.

I fully understand the free flowing and active nature of stage school classes. I agree that no responsibility is assumed by Platform Stage School arising out of any accident, injury or illness sustained during classes.

PLEASE PAY ONLINE - IBAN IE08AIBK93251521395266 AND EMAIL THE REGISTRATION FORM AND RETURN TO CLASSES FORM TO liz@platformstageschool.ie

SIGNED _____

DATE _____