

Return to Setting Form for Children

COVID-19

Childs Name:	Manager Name: Caroline/Amanda Geoghegan
Parents/Guardians Name:	
Name of Setting: Bee Happy Childcare	
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 (i.e. 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. Further information on people at higher risk from Coronavirus can be accessed here .	
Additional Information:	
	

Name _____ Signature _____ Date _____

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