

RISK ASSESSMENT FOR PUPILS RETURNING FOR A PHASED RETURN TO SCHOOL – COVID 19



Name of child:	
Child's class and Year Group:	
Name of parent / guardian completing this form:	
Have you read the letter with details of the school's reopening plan from 7 th September?	Yes / No
Are you happy that your child is returning to school?	Yes / No
I understand that the school is only open to children for 4 full days and a half day on Friday and that I will be expected to collect my child at lunchtime on a Friday.	Yes / No Yes / No
Have you discussed returning to school with your child so they know what to expect when they return to school?	Yes / No
My child is wearing clean clothing daily and has a change of footwear, trainers or sneakers to wear whilst on the school premises.	Yes / No
Your child must be collected/ dropped off by a member of your household. Do you agree to this?	Yes / No
I understand my child will be provided with a packed lunch.	Yes/No
Has your child had a cough or temperature over the last 24 hours.	Yes / No
Has your child shown any signs of an illness or indicated that they feel unwell in the last 24 hours?	Yes / No
I understand that all children are expected to return to school.	Yes / No
Signature	Please print your name.
Member of staff who received this form:	Staff members signature.