

Information required from parent or carer in the event of a positive test of a pupil

School to complete and retain this form for every case

School.....

Name of pupil.....Date of birth..... Year group.....

Name of parent/carer..... Telephone.....

Parent/carer email address.....

- | | |
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| <p>1. When did they start to develop symptoms?
.....</p> <p>2. When were they last in school?
.....</p> <p>3. When did they take the test?
.....</p> <p>4. When did they receive the results?
.....</p> <p>5. If they have siblings, are they still in school?
.....</p> <p>6. Has or have the sibling(s) been tested – what are the results?
.....</p> <p>7. Who does the child play with in school?
.....</p> <p>8. Please list below all staff who you believe the pupil has had contact with (eg. teachers, TAs, out of school staff)</p> | <p>9. Seating plan – on the back of this form, please list all those sitting around the pupil – front, side, back of them.</p> <p>10. Are there any clubs which the pupil attends outside of school where they have contact with any other children in school?
.....</p> <p>11. Lunch, break times – any contacts?
.....</p> <p>13. Any children in school who they play with outside of school?
.....</p> <p>14. Has there been any contact with any other bubble during the school day?
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Adult contacts:

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