



ST CHARLES RC PRIMARY COVID-19 MEDICAL FORM

Name of child: _____

CLINICALLY EXTREMELY VULNERABLE

Does your child have a medical condition on the clinically extremely vulnerable list? YES/NO

If YES what medical condition does your child have?

YOUR CHILD MUST NOT COME TO SCHOOL

AND YOU MUST FOLLOW GOVERNMENT GUIDELINES ON SHIELDING

Does anyone in your household have a medical condition on the clinically extremely vulnerable list? YES/NO

WE STRONGLY ADVISE THAT YOUR CHILD DOES NOT COME TO SCHOOL

AND YOU MUST FOLLOW GOVERNMENT GUIDELINES ON SHIELDING

CLINICALLY VULNERABLE

Does your child have a medical condition on the clinically vulnerable list? YES/NO

If YES what medical condition does your child have?

YOU MUST SEEK MEDICAL ADVICE BEFORE YOUR CHILD COMES TO SCHOOL

If they have asthma they **MUST** have an inhaler in school

Does anyone in your household have a medical condition on the clinically vulnerable list? YES/NO

YOU MUST SEEK MEDICAL ADVICE BEFORE YOUR CHILD COMES TO SCHOOL

IT IS IMPORTANT THAT YOUR HOUSEHOLD FOLLOWS GOVERNMENT SOCIAL DISTANCING GUIDELINES TO ENSURE THE SAFETY OF ALL CHILDREN AND STAFF IN SCHOOL

The above information is correct.

I am aware that while school has taken every precaution to control and minimise the spread of COVID19 they cannot guarantee it is risk free.

I understand that it is my decision to send my child to school.

Signed: _____

Date: _____