



School Name Primary School	System Update: 10.07. 2020	
Version 0.1	Date of Next Review: 10.07. 2023	

## COVID 19 Student Declaration Form

To ensure the ongoing health & well-being of all members of your school community, St Thomas the Apostle Primary School requires all Parents & Carers to complete this Declaration Form weekly on behalf of their child/ren upon returning to school.

All information provided will be dealt with in the strictest of confidence in accordance with the [Australian Privacy Principles \(APPs\)](#) contained in the [Commonwealth Privacy Act 1988 \(Cth\)](#) school's Privacy Policy. A copy of the Privacy Policy is available on the school's website.

***If your child feels unwell with any symptoms of Coronavirus (COVID-19), however mild, you must keep them at home and get them tested. If they have any fever, chills, cough, sore throat, shortness of breath, runny nose, and loss of sense of smell or taste – stay home, don't go to school or visit friends and family.***

Your Name:			
Your Child/ren's First Name/s:			
Your Contact Number:			
Residential Address:			
Temperature/s (Must be 37.4 or below)			
Has anyone who lives at your address <u>returned from domestic or international travel</u> within the last 14 days?	Yes	No	
In the last 14 days, has anyone who lives at your address been in <u>physical contact with a person/s who has been diagnosed with the COVID-19 virus?</u>	Yes	No	
Is anyone who lives at your address <u>currently under a form of self-isolation as the result of an order of a government authority or as the result of a recommendation by a health professional?</u>	Yes	No	
In the last 14 days, has anyone who lives at your address been in <u>physical contact with a person/s who is in self-isolation</u> due to the COVID-19 virus?	Yes	No	
In the last 14 days, has anyone who lives at your address experienced symptoms such as: » Flu like Symptoms » Fever » Coughing » Shortness of Breath » Fatigue	Yes	No	

***Please Note:*** St Thomas the Apostle Primary School reserves the right to refuse your child/ren and yourself entry to the school if you have answered **Yes** to any of the questions listed above OR your child has a temperature of 37.5 degrees Celsius or above. We trust that you appreciate your declaration is in the best interests of the health & well-being of all members of our school community.

I declare that the information provided is a true and proper representation of our family's health & recent community interaction. I will immediately inform the School if these circumstances change.

Printed Name (Parent / Carer):		
Signature:		Date: