

Steptacular Performing Arts Covid-19 Return to Studio Form



To help prevent the spread of Covid-19 in the studio every parent must complete and sign this form on behalf of their child/children before returning to the studio. On review of the form the school principal may contact you and ask you not to return to class immediately and will discuss a suitable date for return. Please answer EVERY question.

Student Name:	School Name:
Workplace Address:	

Questions	Yes	No
1. Do you have any symptoms of cough, fever, high temperature, sore throat, runny nose, breathlessness or flu like symptoms now or in the past 14 days?		
2. Have you been diagnosed with confirmed or suspected Covid-19 infection in the last 14 days?		
3. Are you 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 meters for more than 15 minutes altogether in 1 day)?		
4. Have you been advised by a doctor to self-isolate at this time?		
5. Have you been advised by a doctor to cocoon at this time?		
6. Please provide details below if any other Covid-19 which may need to be considered to allow your safe return to the studio.		
Additional Information:		

Print Child's Name: _____

Parents Signature: _____

Date: _____