

## RECORD OF PERSON SENT HOME WITH SUSPECTED COVID-19 SYMPTOMS

Date:		Childcare Practitioner*:	
Person's Name:		Date of birth:	
			Completed by:
Date & time parent contacted*:			
Comments:			
Time collected*:			
Comments:			
Date of follow up call*:			
By whom:	<input type="checkbox"/> Call to parent/staff member <input type="checkbox"/> Call from parent/staff member		
Comments:			
Date person returned to the setting:			
Date, name and signature of the manager:			

\*If applicable