



# Mount Anville

Montessori Junior School  
2½ – 12 years



## COVID-19 Incident Record (Child)

### Mount Anville Montessori Junior School

<b>Incident Date:</b>	<b>Incident Time:</b>
<b>Location of Incident:</b>	<b>Date of Report:</b>
<b>Name of Child:</b>	<b>Date of Birth:</b>

**Names of Persons in POD:** Please attach signed witness statements, where applicable

#### Tick box for Child's Symptoms:

##### Most common symptoms:

- Fever
- Cough
- Tiredness
- Breathing issues

##### Less common symptoms:

- Aches and pains
- Sore throat
- Diarrhoea
- Conjunctivitis
- Loss of taste or smell
- Rash or discolouration of fingers or toes

##### Serious symptoms:

- Difficulty breathing or shortness of breath
- Chest pain or pressure
- Loss of speech or movement
- Other: \_\_\_\_\_

#### Management:

Was child brought to isolation area and by whom? \_\_\_\_\_

Location of isolation area? \_\_\_\_\_

Time in isolation area: from \_\_\_\_\_ to \_\_\_\_\_

What time was child collected by parent/guardian? \_\_\_\_\_

Name of collecting parent/guardian: \_\_\_\_\_

Where was child collected from (location)? \_\_\_\_\_

Was child's temperature taken? \_\_\_\_\_

What was temperature? \_\_\_\_\_

Was anti-febrile medicine given?  
(If so attach medicine form) \_\_\_\_\_

Was the child hospitalized? (If so give details) \_\_\_\_\_





<b>OTHER Relevant Information:</b>		
<b>Employee's Comments:</b>		
<b>Employee's Name:</b>	<b>Signature:</b>	<b>Date:</b>
<b>Manager's Comments:</b>		
<b>Manager's Name:</b>	<b>Signature:</b>	<b>Date:</b>
<b>Parent's/Guardian's Comments:</b>		
<b>Parent's/Guardian's Name:</b>	<b>Signature:</b>	<b>Date:</b>
Has Parent/Guardian received copy of Incident Record? _____		
Has copy of Incident Record been placed on Child's File? _____		
<b>Manager's Name:</b>	<b>Signature:</b>	<b>Date:</b>
Was COVID 19 confirmed? _____		
Was Tusla notified using the <b>Early Years Inspectorate COVID-19 Notification Form</b> ? _____		
Date of Notification: _____		

