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|  | **Scoil Náisiúnta Mhuire**  **Ballyleague**  **Co Roscommon**  **N39 PX49**  **Roll Number 18061T**  **Tel: 043 3321906** |



**Return to Educational Facility Parental Declaration Form**

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| **Child’s Name:** |
| **Parents/Guardian’s Name:** |
| This form is to be used when children are returning to the setting after any absence. |
| Declaration:  I have no reason to believe that my child has infectious disease and I have followed all medical and public health guidance with respect to exclusion of my child from educational facilities.        Signed \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_    Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |