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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:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_      |