

**Return** **to** **Educational** **Facility** **Parental** **Declaration** **Form**

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| **Child’s** **Name**: Please enter child’s name | **Manager’s** **Name:** Mr. Patrick Coyle |
|  | |
| **Parents/Guardian’s** **Name**: Please enter parents/ guardian’s name here | |
|  | |
| **Name** **of** **Setting:** St Ita’s National School Loughrea | |
| **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**: Please enter your name here  **Date:** Click or tap to enter a date. | |

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