

Return to Educational Facility Parental Declaration Form

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| Child’s Name: | Manager’s Name: Raymond Ryan |
| Parents/Guardian’s Name: | |
| Name of Setting: St. Peter’s N.S. | |
| 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:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |

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