

Return to Educational Facility Parental Declaration Form

|  |  |
| --- | --- |
| 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 medicaland public health guidance with respect to exclusion of my child from educational facilities.Signed \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

HSE Health Protection Surveillance Centre. [www.hpsc.ie](http://www.hpsc.ie/)  Page 1 of 1
Version 1.0 04/09/2020