



Return to Educational Facility Parental Declaration Form

Child's Name:	Principal's Name: Mary-T Minehane
Parents/Guardian's Name:	
Name of Setting: Caheragh National School	
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: _____	

