



## Return to Educational Facility Parental Declaration Form

**Parents/Guardians must ensure that their son/daughter brings this completed form with him/her to school after any absence.**

Child's Name:
Parent's/Guardian's Name:
Name of Setting: <b>St. Comgall's N.S., Connons, Clones, Co. Monaghan. H23 EH04</b>
This form is to be used when children are returning to the setting after <u>any</u> 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: _____