 

Return to Educational Facility Parental Declaration Form

|  |  |
| --- | --- |
| **Child’s Name:** | **Teacher’s Name:** |
| **Parents/Guardian’s Name:** | |
| **Name of School: Scoil Treasa** | |
| 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 Covid-19 and I have followed all medical and 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