



Scoil Mhuire

PRIMARY SCHOOL SHANKILL

Return to School Parental Declaration Form

This form is to be used when children are returning to the setting after any absence.

Child's Name:	Teacher's Name:
Parents/Guardian's Name:	
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 this setting. Signed: _____ Date: _____	



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