Scoil Éanna, Ballybay, Co Monaghan A75 XD83

Tel: 042 9741172 email: oifig@scoileanna.ie

**Return to Educational Facility Parental Declaration Form**

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| --- |
| Child’s name: Class: |
| Parent/Guardian Name: |
| ***Please fill out this ‘Return to School’ form if your child was absent for any reason.*** |
| REASON FOR ABSENCE:  ABSENT FROM: TO:  Declaration:  I have no reason to believe that my child has any infectious disease and I have followed all medical and public health guidance with respect to exclusion of my child from educational facilities.  Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |