 

Return to Educational Facility Parental Declaration Form

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| **Child’s Name:** | **Principal’s Name: Caitriona Kerin** |
| **Parents/Guardian’s Name:** | |
| **Name of Setting: Naomh Mhuire NS, Walsh Island** | |
| 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: | |

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