



Return to Educational Facility Parental Declaration Form

Childs Name:	Manager Name: Jim Ryan, Principal
Parents/Guardians Name:	
Name of Setting: St. Bernadette's Senior N.S., Quarryvale, Clondalkin, Dublin 22, D22PW58	
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: ____/____/20____	



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