

Return to Educational Facility Parental Declaration Form

Creagh National School

* Please ensure that you complete this form now for each child from Infants to Second Class who will be returning to school on March the 1st 2021.
* This form will need to be filled out for children from 3rd – 6th class in the week before they return to school (8th – 12th)
* This form will need to be filled in again when children are returning to Creagh NS after any absence.

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| **Name of Child** | **Class** | **Teacher** |
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| **Parents/Guardian’s Name:****\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
| **This form is to be used when children are returning to the setting after any absence.**  |
| **Declarations (Please tick each one)** |
| 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. |  |
| My child has not been identified as a close contact of a confirmed case. |  |
| My child has not been advised by a doctor to self-isolate at this time? |  |
| My child has not been advised to restrict their movements at this time? |  |
| My child has not engaged in foreign travel in the past 14 days. |  |
| My child is not awaiting the results of a Covid-19 test. |  |
| My child is not displaying any signs or symptoms of Covid -19. |  |
| My child is not residing with anyone who is displaying symptoms of the virus. |  |
| Signed Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

**In order to ensure the continued and safe re-opening of schools and return of pupils, it is extremely important that parents complete these forms with accuracy.**