

Return to Educational Facility Parental Declaration Form

Child's Name:	Teacher's Name:
Parents/Guardian's Name:	
Name of Setting:	
This form ¹ may be used when children are returning to the setting after any absence.	
Declaration: I have no reason to believe that my child has an infectious disease and that I have followed all medical and public health guidance with respect to the exclusion of my child from educational facilities.	
Signed _____	
Date: _____	

¹ This form has been produced as an example for the educational sector to use, if desired. HSE and HPSC are not, and have no intention of, collecting or processing the data from these forms. Parents and guardians should direct queries regarding this form to their school.