**

*Ag filleadh ar ais chuig Coláiste Naomh Feichín*

Return to Educational Facility Parental Declaration Form

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| ***Ainm an Dalta:*****Child’s Name:** | ***Ainm an Príomhoide:*****Manager’s Name: Gearóidín Ní Chonghaile** |
| ***Ainm an tuismitheoir / caomhnóir:*****Parents/Guardian’s Name:** |
| ***Ainm na scoile:*****Name of Setting: Coláiste Naomh Feichín, Corr na Móna, Co. na Gaillimhe** |
| *Caithfear an fhoirm seo a chomhlánú nuair a fhilleann do pháiste ar ais chun na scoile i ndiaidh aon dí-láithreachas.* This form is to be used when children are returning to the setting after any absence. |
| *Forógra:*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.Sínithe / Signed Dáta / Date:  |

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