



Return to Educational Facility Parental Declaration Form



Child's Name:	Class:
Teacher's Name:	Date(s) of absence:
Parents/Guardian's Name:	
School: Cloughjordan No.1 N.S., Templemore Road, Cloughjordan, Co. Tipperary, E53 YY82 www.cloughjordanno1ns.com	
<p>This form is to be used when children are returning to the school after any absence.</p> <p>Declaration:</p> <p><i>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.</i></p> <p>Signed: _____</p> <p>Date: _____</p>	



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