



Return to Educational Facility Parental Declaration Form



Child's Name:	Principal: Ms Philomena Cleary
Parents/Guardian's Name:	
Name of School: Edmondstown National School	
This form is to be used when children are returning to school after any absence.	
<p>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.</p> <p>Signed _____</p> <p>Date: _____</p>	

