

**Return to Educational Facility Parental Declaration Form**

Child's Name: \_\_\_\_\_

Parents/Guardian's Name: \_\_\_\_\_

Name of Setting: Moneenroe NS, Moneenroe, Castlecomer, Co. Kilkenny.

Principal Teacher: Mr Philip Lonergan

Covid 19 Lead Worker Representatives: Ms Martha Dunphy (Deputy Principal)  
and Ms Laura Hally (Assistant Principal 2)

This form is to be used when children are returning to the setting after prolonged school closures or pupil absence.

Declaration: I have no reason to believe that my child has an infectious disease.  
I have no reason to believe that my child is displaying any Covid 19 related symptoms.

Return to School Date: \_\_\_\_\_

Signed \_\_\_\_\_

Date: \_\_\_\_\_