



Return to Educational Facility Parental Declaration Form

Child's Name:	Manager Name: Mrs. Mary Rea
Parents/Guardians Name:	
Name of Setting: Newmarket Girls' National School	
This form is to be used when children are returning to the setting after any absence.	
Dates of absence: _____	
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.	
Signed _____ Date: _____	

Any further information (optional)
