

**Return to Educational Facility Parental Declaration Form**

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| **Child’s Name:**  | **Principal: *Mary Mc Govern*** |
| **Parents/Guardian’s Name:**  |
| **Name of Setting: St. Felim’s NS** | **Class:** |
| This form is to be used when children are returning to the setting after any 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:      |

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