



Return to Educational Facility Parental Declaration Form

Child's Name* :	Principal's Name: Greg Gilligan
Name of Setting: Lumcloon National School	
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 an infectious disease and I have followed all medical and public health guidance with respect to exclusion of my child from educational facilities.	
Parents/Guardian's Name :	
Signed _____	
Date: _____	

*Individual form for each family member