

Childs Name:

Parents/Guardians Name:

Dates absent from school:

Name of School: St. Tiarnach's Primary School Roll No: 20120V

This form is to be used when children are returning to the school 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 school.

Signed _____

Date: _____