**COVID-19 Return to School Parental Declaration Form**

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| **Child’s Name:** | **Teacher’s Name:** |
| **Parents/Guardian’s Name:** | |
| **St. Comán's Wood Primary School** | |
| Please sign this form following your child's absence from school for one or more days. | |
| Declaration:  **I have no reason to believe that my child has Covid-19 or is a close contact of someone with Covid-19 and as far as I am aware, it is safe for my child to return to school.**  Name of Parent(BLOCK CAPITALS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Signature of Parent: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |