

PLEASE NOTE THAT YOU MUST FILL IN A SEPARATE FORM FOR EACH CHILD,
AND THAT THIS FORM MUST BE COMPLETED AFTER **EVERY** ABSENCE.

The Board of Management is requesting that parents/guardians declare, in writing, after each absence that they can confirm the following:-

1. Is your child suffering from any of the known symptoms of Covid-19: high temperature, cough, shortness of breath or breathing difficulties, loss of sense of smell, distortion of taste now or in the past 14 days?
2. Is your child awaiting a Covid-19 test?
3. Is anyone in your household awaiting a covid-19 test or displaying symptoms of the virus?
4. Has anyone in your household been diagnosed with Covid-19?
5. Has your child or anyone in your household been advised that they are a close contact for any Covid-19 suspect or diagnosed case in the past 14 days?
6. Has your child, or anyone in your household, returned to the island of Ireland from another country within the last 14 days?
7. Has your child been advised to self-isolate or restrict their movements at this time?

Please ensure you have entered your child's name below.

If you have answered yes to any of the above questions, your child should not return to school until medically certified to do so or have quarantined for 14 days.

The school must receive this declaration before school reopens after each holiday, and after each absence of your child. If a child/children turn up to school and no declaration has been submitted, unfortunately we have no option but to refuse entry to the school until a declaration is received. The Board of Management is taking these steps in order to safeguard all pupils and staff in the school and to minimise the risk of Covid-19 entering St. Naul's N.S. We thank all the parents for their co-operation in this matter.

Please fill in your name below to indicate that you agree to the following statements. This will stand in place of your signature.

I confirm that I have responded to the above questions truthfully based on my child's current condition.

I understand that if I have answered "Yes" to any of the questions, my child cannot return to school at St. Naul's National School until medically certified to do so or have quarantined for 14 days.

Parents Name: _____

Pupil Name: _____

Date: _____