

**Filleadh ar Ionad Oideachais – Foirm Dearbhaithe Tuismitheora**

**Return to Educational Facility – Parental Declaration Form**

**Úsáidfear an fhoirm seo agus leanbh ag filleadh ar an suíomh i ndiaidh aon asláithreacht**

This foirm is to be used when children are returning to the setting after any absence

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| **Ainm an leanbh:**  Child’s name |
| **Bainisteoir: Éabha Ní Chualáin**  Manager |
| **Ainm an Chaomhnóir/Tuismitheoir:**  Parent’s/ Guardian’s name |
| **Ainm an Suíomh: Scoil Naomh Ciarán, Cill Chiaráin, Conamara, Co. na Gaillimhe.**  Name of Setting |
| **Dearbhú:**  Declaration  **Níl aon chúis agam le crediúint go bhfuil galar tógálach ag mo pháiste agus tá gach**  **comhairle leighis agus treoir sláinte poiblí leanta agam maidir le asláithreacht mo pháiste**  **ó ionaid oideachais.**  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  **Sínithe:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.**  Signed  **Dáta: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.**  Date |