



BORD OIDEACHAIS AGUS OILIÚNA CHIARRAÍ
KERRY EDUCATION AND TRAINING BOARD

Return to Educational Facility Parental Declaration Form

Name of School:	Coláiste Gleann Lí
Name of Principal:	Mr. Richard Lawlor
Name of Child:	

This form is to be used when children are returning to the school after any absence. This form must be submitted to the Principal one day **before** returning.

Declaration:

I have no reason to believe that my child has COVID-19 YES/NO (Circle answer)

I have followed all medical and Public Health guidance for my child on

- restriction of movements
- self-isolation

YES/NO (Circle answer)

YES/NO (Circle answer)

Signed: _____
Parent/Guardian/Learner Over 18

Date: _____

NOTE from HSE.ie

You are advised to **restrict your movements** for 14 days if you:

- are a [close contact](#) of a confirmed case of coronavirus
- live with someone who has [symptoms of coronavirus](#), but you feel well
- arrive into Ireland from a country that is not on the [COVID-19 green list](#)

Self-isolation is required

- if you have [symptoms of coronavirus](#)
- while you wait for a test appointment and test results if you have symptoms of coronavirus
- if you have had a positive test result for coronavirus

Only stop self-isolation when both of these apply to you:

- you have had no fever for 5 days
- it has been 10 days since you first developed symptoms