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Gurraneasig N.S.
Kilbrittain,
Co.Cork
P72 YP78

Childs Name :

Name of Setting: Gurraneasig NS

This form is to be used when children are returning to school after an 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 educational facilities.

Signed : _____

Date : _____