

SPLEODAR

Cúrsaí Samhraidh agus Imeachtaí don Óige

Clubanna Spleodar

Return to Educational Facility Parental Declaration Form

Ainm an Scoláire: _____

Club: _____

Dáta / Date: _____

Ainm Tuismitheora / Caomhnóra Parent/Guardian Name: _____

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 _____

Dáta: _____

- To be completed at the beginning of each term.
- Please email to cianb@spleodar.com