



Scoil Chormaic Student Declaration Form

This form must be completed by every student's Parent/Guardian in advance of returning to school. These can be handed to the child's bus escort on the day of return

If the answer is Yes to any of the below questions, you are advised to seek medical advice and NOT to return to school. We ask that you please do not send your child to school if they are sick.

Name of student: _____ Class _____

Name of School: Scoil Chormaic, Golden Road, Cashel, Co. Tipperary

Name of Principal: Ms Lorraine Lowry Date: _____

| | Questions | YES | NO |
|----|--|-----|----|
| 1. | Does your child have symptoms of cough, fever, high temperature, difficulty breathing, sore throat, loss or change in your sense of smell or taste now or in the past 14 days? | | |
| 2. | Has your child or a member of your household been diagnosed with confirmed or suspected COVID-19 infection in the last 14 days? | | |
| 3 | Is your child or any member of your household awaiting the results of a COVID-19 test? | | |
| 4 | In the past 14 days, has your child or any member of your household been in contact with a person who is a confirmed or suspected case of COVID-19? | | |
| 5 | Has your child or any member of your household been advised by a doctor to self-isolate at this time? | | |
| 6 | Has your child or any member of your household been advised to restrict your movements at this time? | | |
| 7 | Has your child or any member of the household undertaken foreign travel in the past 14 days? | | |

I confirm, to the best of my knowledge that my child has no symptoms of COVID-19, is not self-isolating or awaiting results of a COVID-19 test and has not been advised to restrict my movements nor anyone in the household.

Please note: The school is collecting this sensitive personal data for the purposes of maintaining safety within the school in light of the COVID-19 pandemic. The legal basis for collecting this data is based on vital public health interests and maintaining occupational health and this data will be held securely in line with our retention policy.

Parent/Guardian Signed: _____