



# St. Patrick's Boys' National School

Portrane Rd., Donabate, Co. Dublin

Ph/Fax: 8436168

*Scoil Naomh Pádraig (Buachailli)*

Principal: Brian Horan

[www.stpatsbns.ie](http://www.stpatsbns.ie)

Roll No: 162676



## Pupil return to school declaration

Pupil's Name: \_\_\_\_\_ Class Teacher: \_\_\_\_\_

Please complete the form below and send back to school via [info@stpatsbns.ie](mailto:info@stpatsbns.ie).

Thank you.

Question	Yes	No
Does your child have Covid19 symptoms of cough, high temperature, shortness of breath or breathing difficulties, loss of smell, or taste or distortion of taste, now or in the past 14 days?		
Has your child or anyone in your family been diagnosed with a confirmed or suspected Covid 19 infection in the last 14 days?		
Is your child or anyone in your family a close contact of a person who is a confirmed or suspected case of Covid 19 in the past 14 days (i.e. less than 2 metres for more than 15 mins altogether in 1 day)?		
Has your child or anyone in your family been advised by a doctor to self-isolate at this time?		
Has your child or anyone in your family visited a country other than those on the Green List in the last 14 days?		
Does your child or anyone in your family belong to the 'high risk' category?		
If you answered yes to question 6, has your doctor confirmed that it is safe for your child to return to school?		
I agree not to send my child to school if he is unwell		
I agree not to send my child to school if anyone in my family is exhibiting the symptoms of Covid 19.		
I agree not to send my child to school if he or anyone in my family is awaiting the results of a Covid 19 test.		
I agree to the St. Patrick's BNS procedure for Dealing with a suspected case of Covid-19 at school.		
I agree that should my child present as unwell that he and also his siblings will be sent home.		
I have children attending Scoil Phádraic Cailíni.		
I agree to St. Patrick's Boys School and Scoil Phádraic Cailíni sharing information on children for the purpose of identifying and sending home siblings of children in		

either school who are feeling unwell.		
<p>I have provided below a list of my children attending Scoil Phádraic Cailíní.</p> <p>Child's name _____ class _____  teacher _____</p> <p>Child's name _____ class _____  teacher _____</p> <p>Child's name _____ class _____  teacher _____</p>		
<p>I agree that in the eventuality that my child presents as unwell in school, upon collecting my child, I will inform their GP of the symptoms and arrange a Covid-19 test.</p>		
<p>I agree that if my child and/or his siblings have been taken home with symptoms of Covid 19, I as parent/guardian of that pupil should contact his GP and the pupil should remain out of school for 14 days unless he has a negative Covid19 test and he is <b>symptom free</b>, or I obtain a medical cert confirming he is fit to return to school. If a child tests positive for Covid 19, parents/guardians should follow all advice from GP and HSE.</p>		

Parent/Guardian signature: \_\_\_\_\_ Date: \_\_/\_\_/\_\_

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