



Ballymahon Vocational School

COVID-19 Self-Declaration

Returning to School Form

following on from completing recommended required number of days of self-isolation and/or restricted movement as advised by the HSE and/or GP

This COVID-19 Self-declaration form should be completed by a **parent** indicating their child's wellbeing and fitness to return to school following a period of self-isolation or restricted movement as a result of a positive COVID-19 test result. Please note the following:

1. This form is mandatory and should be completed prior to your child rejoining their school. Incomplete forms will be returned.
2. Once completed in its entirety, this form must **be** returned at least **24 hours** in advance of your intention to return your child to school. In the event that your child will be returning to school on a Monday, please ensure this form is returned to the school mid-day the previous Friday.
3. **Forms should be returned to your Principal.**
4. Where a number of same household and/or siblings have been in self-isolation from the school, please complete a form for each individual child.

Thank you for your cooperation.

Please enter name of school

Proposed date of return

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Q1. Please enter your child's name

Year and class number

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Longford and Westmeath
Education and Training Board



Q2. Parent/Guardian contact Number and Email Address

Contact Number:	Email address:
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Q3. Please answer the following questions

*If you answer **no** to any of these questions, we strongly advise that you seek further medical advice before returning to a centre.

	Yes	No
Please confirm that your child no longer has symptoms of cough, fever, high temperature, sore throat, runny nose, breathlessness, loss of smell or taste or any other flu like symptoms now or in the last consecutive 5 days?	<input type="checkbox"/>	<input type="checkbox"/>
Has your child been advised by a doctor that he/she is of good health and fit to return to school?	<input type="checkbox"/>	<input type="checkbox"/>

Q4. The Department of Health have identified people who are in a vulnerable or "at risk" category. Please confirm **if your child is** in this category; have you been advised by a doctor to cocoon at this time or do have a household member who is in this category?

Yes No

Q5. If you answered **yes** to **Q4**, please confirm that, in advance of completing this form, you have made us aware and that the necessary arrangements are in place to support your child whilst in attendance in the school?

Yes No

Q6. Please tick to confirm your agreement with the following:

If your child should become unwell before, during or after their attendance in the school, you will make the school Principal aware immediately	<input type="checkbox"/>
You will advise the school Principal if there are any other circumstances relating to COVID-19, not included above which may need to be disclosed to allow your child's safe return to school.	<input type="checkbox"/>
If any of the details/answers on this form change, you will immediately inform the school Principal and will not return your child/children to the school until a new form has been completed and submitted.	<input type="checkbox"/>

Parent's Signature _____ Date Completed _____



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This form will be retained for no longer than the purpose for which the information was obtained has ceased. It will be shredded thereafter.

Your privacy

We need the information on this form to comply with our legal obligation to protect the health of our staff and students to maintain a safe place of work and learning, and in the substantial public interests of complying with the current restrictions for minimising risk to public health. You can read more about this in the accompanying document “LWETB Return to Workplace Safely Induction Presentation. The information will be used in strictest confidence by your direct line manager/principal and LWETB management as appropriate and in keeping with the obligations above. The information will be kept securely, and will be retained for the minimum time necessary, depending on the duration of the current emergency and related restrictions. You will have a right to request a copy of this completed form as long as we retain it, and if you have any questions or concerns about your privacy rights, you can contact the Data Protection Officer of LWETB at dp@lwetb.ie