



GSNP - Ag filleadh ar scoil - 2020/2021



Return to School Agreement - Student Form

Name of your child:	_____	
Class of your child:	_____	
I agree to follow all of the advice provided by the HSE/ Public Health/GP regarding Covid-19.	<input type="checkbox"/> ✓	<input type="checkbox"/> ✗
If my child has a high temperature (over 38 degrees) I will keep my child at home. If my child has a prolonged temperature, I will contact the GP and seek advice.	<input type="checkbox"/> ✓	<input type="checkbox"/> ✗
If I give my child medicine (Calpol / Neurofen/ paracetamol) I will keep my child home for 24 hours until their symptoms are gone.	<input type="checkbox"/> ✓	<input type="checkbox"/> ✗
If my child has a new continuous cough, I will keep my child at home and contact the GP for advice.	<input type="checkbox"/> ✓	<input type="checkbox"/> ✗
If my child tests positive for Covid-19, I will keep them home for the required time, as advised by the HSE.	<input type="checkbox"/> ✓	<input type="checkbox"/> ✗
If my child is a close contact of a Covid -19 positive case, I will keep them home for 14 days.	<input type="checkbox"/> ✓	<input type="checkbox"/> ✗
I will collect my child from school immediately if my child is displaying symptoms or is not adhering to Covid-19 safety policies.	<input type="checkbox"/> ✓	<input type="checkbox"/> ✗
If my child travels to another country, I will keep my child home and restrict their movements for 14 days. (proof of date of return will be requested).	<input type="checkbox"/> ✓	<input type="checkbox"/> ✗
Do you agree to the following 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.	<input type="checkbox"/> ✓	<input type="checkbox"/> ✗
Name of Parent / Guardian - by printing your name, you are agreeing to follow all the above protocol to keep our school safe.	_____	
Your e-mail address:	_____	
Date:	_____	



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Comhaontú um Filleadh ar Scoil - Foirm an pháiste

Ainm do pháiste:	_____
Rang do pháiste:	_____
Dearbhaím go leanfaidh mé an chomhairle ar fad a thugann an FSS / An tSláinte Phoiblí / An Dochtúir Clainne maidir le Covid-19.	<input type="checkbox"/> ✓ <input type="checkbox"/> ✗
Má tá teocht ard ar mo pháiste (os cionn 38 gcéim) coimeádfaidh mé mo pháiste sa bhaile. Má tá teocht leantach ar mo pháiste, déanfaidh mé teagmháil leis an Dochtúir Clainne chun comhairle a lorg.	<input type="checkbox"/> ✓ <input type="checkbox"/> ✗
Má thugaim leigheas do mo pháiste (Calpol/Neurofen/ Paracetamol), coimeádfaidh mé mo pháiste sa bhaile ar feadh 24 uair a chloig go dtí go bhfuil na siomptóim imithe.	<input type="checkbox"/> ✓ <input type="checkbox"/> ✗
Má tá casacht nua leantach ar mo pháiste, coimeádfaidh mé mo pháiste sa bhaile agus déanfaidh mé teagmháil leis an Dochtúir Clainne chun comhairle a lorg.	<input type="checkbox"/> ✓ <input type="checkbox"/> ✗
Má tá scrúdú Covid-19 dearfach ag mo pháiste, coimeádfaidh mé sa bhaile é/í don tréimhse riachtanach, mar atá molta ag an FSS.	<input type="checkbox"/> ✓ <input type="checkbox"/> ✗
Más dlúththeagmhálaí é/í mo pháiste le cás dearfach Covid-19, coimeádfaidh mé sa bhaile é/í ar feadh 14 lá.	<input type="checkbox"/> ✓ <input type="checkbox"/> ✗
Baileoidh mé mo pháiste láithreach ón scoil má tá siomptóim á léiriú ag mo pháiste nó muna nglacann sé/sí leis na polasaithe sláinteachais maidir le Covid-19.	<input type="checkbox"/> ✓ <input type="checkbox"/> ✗
Má thaistealaíonn mo pháiste chuig tír eile, coimeádfaidh mé mo pháiste sa bhaile ar feadh 14 lá agus cuirfidh mé srian ar ghluaiseachtaí mo pháiste. (Lorgófar fianaise ar an dáta a d'fhilleadh).	<input type="checkbox"/> ✓ <input type="checkbox"/> ✗
An aontaíonn tú leis an dearbhú seo a leanas: Níl aon chúis agam a chreidiúint go bhfuil galar tógalach ar mo pháiste agus lean mé gach treoir leighis agus sláinte poiblí maidir le mo pháiste a eisiáimh ó ionaid oideachais.	<input type="checkbox"/> ✓ <input type="checkbox"/> ✗
Ainm Tuismitheora/Caomhnóra - tríd d'ainm a phriontáil, glacann tú leis an dréachtchonradh thuas luaite chun ár scoil a choimeád sábháilte.	_____
Do sheoladh e-phoist:	_____
Date:	_____