



Chronic symptoms Parental Declaration Form

Child's Name:	Manager's Name: Mr Jim McGee
Parent's/Guardian's Name:	
Name of Setting: Monastery NS, Ardee.	
<p>This form is to be used when children experience chronic symptoms which might cause concern in light of COVID-19.</p>	
<p>Declaration: My child has specific symptoms linked to a condition (s)he receives medical advice for e.g. chronic cough in a child with asthma.</p> <p>Symptoms child experiences (please note them):</p> <p>These symptoms are consistent with his/her stable condition and are not related to COVID-19. I understand that if my child becomes unwell, or the symptoms change, they will be excluded and will be discussed with their GP, as per national recommendations.</p> <p>Signed _____</p> <p>Date: _____</p>	