

Le Chéile National School

Guidelines to follow after taking a child home from school following an illness or if presently unwell at home.

If your child has, or develops any of the covid symptoms listed below, please contact your G.p for advice.

- High temperature
- New cough other than a regular cough they usually get, with asthma for example.
- Sore throat
- Breathlessness /difficulty breathing
- Loss of taste or smell
- Diaphorrea or vomiting (in children)

This list may have further symptoms added by the HSE over time.

If your child has to go for a covid test, all their family members must stay at home until;

Either A) a negative test is received, or B) If a positive test is received, the 10 day isolation is completed by all members in the family.

Please contact the school by Phone, email or private messenger to inform us that your child is fit to resume school
lecheilens@gmail.com Phone: 061 – 310744

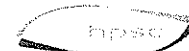
If they required a covid test please inform us immediately.

If the illness is not covid related the child's family members can return to school immediately and the child who is ill may return to school once fit to do so.

If they are taking medication containing ibuprofen for a temperature they must be off this medication for 48 hours, prior to returning to school. Their temperature must also be resolved.

If taking ibuprofen for inflammation and your child has no temperature and are generally well they can return to school.

A child with a regular cold or snuffle can attend school once they are feeling up to it and once again not on ibuprofen for a temperature in the last 48 hours.



Return to Educational Facility Parental Declaration Form

School: _____

Child's Name: _____

Child's class: _____

Parent/ Guardians name: _____

Principals Name: _____

This form is to be used when children are returning to the school setting after any absence.

Declaration: I have no reason to believe that my child has an infectious disease and I have followed all medical and public health guidance with respect to exclusion of my child from educational facilities.

Signed _____

Date _____