



Return to Educational Facility Parental Declaration Form

Childs Name:	Manager Name:
Parents/Guardians Name:	
Name of Setting:	
This form is to be used when children are returning to the setting after any absence.	
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.	
Signed _____	
Date: _____	