



Return to Educational Facility Parental Declaration Form

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| 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: _____ | |