



Return to Educational Facility Parental Declaration Form

Childs Name:	Teacher's Name:
Parent/Guardians Name:	
School Name:	
This form to be used when children are returning to the 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: _____	