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Return to Educational Facility Parental Declaration Form

Child's Name: _____

Teacher's Name: _____

Parents/Guardian's Name: _____

Name of School: _____:

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 an infectious disease and that I have followed all medical and public health guidance with respect to the exclusion of my child from educational facilities.

Signed: _____

Date: _____