

**Return to Educational Facility Parental Declaration Form**

|  |  |
| --- | --- |
| **Childs Name:** |  |
| **Parents/Guardians Name:** | |
| **Name of Setting:** St. Francis Xavier Senior 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 infectious disease and I have followed all medical and public health guidance with respect to exclusion of my child from educational facilities.        Signed \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_    Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |