

**Return to Educational Facility Parental Declaration Form**

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| **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:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_      |