



Return to Educational Facility Parental Declaration Form

Child's Name:	Manager's Name: Mary Harrington
Parents/Guardian's Name:	
Name of Setting: Kingsland NS, 18182I	
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: _____	