**Return to School Declaration: Parental Declaration Form**

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| **Child’s Name:** |
| **Teacher’s Name:** |
| **Parent/Guardian’s Name:** |
| **Class Level:** |
|  |
| This form is to be used when children are returning to school after any absence. |
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| **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 school.*  Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |