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| **Child’s Name:**  | **Manager’s Name:**  |
| **Parents/Guardian’s Name:** |
| **Name of Setting:** |
| 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:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |