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