**Return to School Parental Declaration Form**

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| **Childs Name:** |
| **Class Name:** |
| **Parents/Guardians Name:** |
| **Date of Absence From : To**  |
| **Reason for Absence:**  |
| **GP Visit: Yes 🞏 No 🞏** |

This form is to be used when children are returning to the school 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 school.

Signed:

Date :