



## Return to Educational Facility Parental Declaration Form

<b>Child's Name:</b>	<b>Principals Name: Michael O' Sullivan</b>
<b>Parents/Guardian's Name:</b>	
<b>Name of Setting: St. Augustine's College</b>	
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: _____	