



# Return to School Parental Declaration Form

This form is to be used when children are returning to the setting after any absence.

\* Required

\* This form will record your name, please fill your name.

1. Name of student \*

2. Name of Parent/ Guardian \*

3. Question \*

Format: M/d/yyyy

4. I confirm to the best of my knowledge that my child has no symptoms of COVID-19 and that I have followed all medical and public health guidance with respect to exclusion of my child from educational facilities.

For the duration of the COVID-19 pandemic, the legal basis for collecting this data is based on vital public health interests. This data will be held securely in line with the school retention policy.

\*Please sign your acceptance of these conditions below. \*

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This content is neither created nor endorsed by Microsoft. The data you submit will be sent to the form owner.

 Microsoft Forms