

IRHS
Acknowledgement of Daily Health Check Responsibility

Date: _____
dd/mm/yy

Student's/Students' name: _____
First and Last Names

I _____, acknowledge that it is my responsibility to review my child(ren)'s
PRINT Parent Name
health daily for signs of illness. I will not send my child(ren) to school if:

- * He/she has symptoms of illness, **even mild ones**.
- * He/she has travelled to any countries outside Canada (including the United States) within the last 14 days.

If your child has symptoms of illness, he/she is to remain at home until he/she has been **healthy for 24 hrs**.

Parent Signature

- * **One form per FAMILY**