

## **Back to School/Daycare Confirmation Form**

Please complete this form to confirm that your child is healthy and able to return to school.

Check only one box. By adding your signature, you are verifying that the information is true. Return the completed form to your child's school principal or daycare provider.

Child's Name: \_\_\_\_\_

### **My child was sent home from school/daycare or was kept home because of a suspected illness:**

- My child tested negative for COVID-19 and his/her symptoms have been improving for at least 24hrs.
- My child did not have a COVID -19 test, and has completed 10 days of self-isolation from when symptom(s) started, and his/her symptoms have been improving for at least 24hrs.
- A health care provider confirmed that my child does not have COVID-19 and his/her symptoms have been improving for more than 24 hours.

**Note: If your child has one symptom, they must self- isolate at home and be tested for COVID-19. Or stay home and self- isolate for 10 days. Household members must stay home until the symptomatic individual gets a negative test result or is cleared by the Public Health Unit.**

### **My child was identified as a close contact of someone who tested positive for COVID-19:**

- My child tested negative for COVID-19, has completed 14 days of self-isolation and has been cleared by Public Health.
- My child tested positive for COVID-19 and has completed 10 days of self-isolation, from when the symptoms started (or the test was done). My child's symptoms have been improving for at least 24 hrs and has been cleared by Public Health.
- I did not take my child for a COVID-19 test, and my child has completed 14 days of self-isolation. My child's symptoms have been improving for 24hrs and has been cleared by Public Health.

### **Someone in my household (e.g. parent, sibling) was ill with symptoms of COVID-19:**

- The symptomatic household member has tested negative for COVID-19. My child (name listed above) is asymptomatic and can return to school/daycare now.
- The symptomatic household member had a health care provider confirm that they do not have COVID-19. My child (name listed above) is asymptomatic and can return to school/daycare now.
- The symptomatic household member did not have a COVID-19 test, and my child (listed above) has completed 14 days of self-isolation. My child (name listed above) is asymptomatic and can return to school/daycare now.

Date of COVID-19 test (if applicable): \_\_\_\_\_ (day/ month/ year)

**I declare that my child is well, and is able to return to school.**

Parent/Guardian Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_ (day/ month/ year)