

Back to School Confirmation Form

Please check only one box and complete this form to confirm that your child is healthy and able to return to school. By adding your signature, you are verifying that the information is true. Return the completed form to your child's school principal. *Please Note: It is up to each school/ school board to decide if they choose to accept and use this form.*

Student Name: _____

My child was ill:

- My child tested negative for COVID-19 and their symptoms have improved for more than 24 hours.
- My child did not have a COVID-19 test, but has completed 10 days of self-isolation from when the symptom(s) started. My child does not have a fever (without the use of medication) and his/her symptoms are improving for at least 24 hours.
- My child tested positive for COVID-19 and has completed 10 days of self-isolation from when the symptom(s) started (or the test was done). My child was not hospitalized. My child does not have a fever (without the use of medication), and his/her symptoms are improving.
- The health care provider confirmed that my child does not have COVID-19 and his/her symptoms have been improving for more than 24 hours. My child does not have a cold or respiratory infection.

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

- The household member tested negative for COVID-19, and my child (name listed above) can return to school now.
- The household member had a health care provider confirm that they do not have COVID-19 and his/her symptoms have been improving for more than 24 hours. They are well and do not have a cold or respiratory condition. My child (name listed above) can return to school now.
- The household member did not have a COVID-19 test, but my child (listed above) completed 14 days of self-isolation. My child is well with no symptoms.

Close contact of someone who tested positive for COVID-19:

- My child was a close contact of someone who tested positive for COVID-19 and has completed 14 days of self-isolation. My child is well with no symptoms.
- A household member was a close contact of someone who tested positive for COVID-19. My child stayed home for their 14 days of self-isolation. My child and household are well with no symptoms.

Recent travel outside of Canada:

My child or member of my household returned from travel outside of Canada. My child stayed home for the 14 day travel quarantine period. My child and household are well with no symptoms.

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)