

Back to School/Daycare Confirmation Form

Please complete this form by checking only one box to confirm that your child is healthy and able to return to school/childcare. 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.

***Please note that gastrointestinal symptoms such as vomiting/diarrhea must be resolved for 48hrs prior to returning.**

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 who have are not fully vaccinated must stay home until the symptomatic individual gets a negative test result or is cleared by the Public Health Unit. Fully vaccinated individuals (14 days after 2nd dose) do not need to self-isolate.

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 at least 24 hours*.

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 10 days of self-isolation and has been cleared by Public Health. *Fully vaccinated individuals who are asymptomatic are not required to self-isolate.*
- 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 10 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 (for unvaccinated/partially vaccinated individuals):

- 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 10 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)