

## BACK TO SCHOOL/CHILD CARE CONFIRMATION FORM

Please complete this form to confirm that your child is healthy and able to return to school/child care. By adding your signature, you are verifying that the information is true. Return the completed form to your child's school principal/child care provider.

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

My child has stayed home from school/child care since \_\_\_\_\_ (DATE: YYYY/MM/DD), based on the instructions that they should do so following the results of the [COVID-19 School and Child Care Screening Tool](#) or guidelines from the local Health Unit.

### PART 1 - I attest that (INITIAL ONE):

\_\_\_\_\_ My child was previously seen by a doctor or nurse practitioner and was diagnosed with a chronic condition with the exact same symptoms my child has now.

\_\_\_\_\_ My child was assessed by a doctor or nurse practitioner on \_\_\_\_\_ (DATE). The doctor or nurse practitioner told us that a COVID-19 test was not required and another medical reason other than COVID-19 explains my child's symptoms.

\_\_\_\_\_ My child did NOT have a COVID-19 test but completed 10 days of self-isolation from the date when my child started to feel sick.

\_\_\_\_\_ My child or a member of their household has received a negative COVID-19 test result after starting to feel sick.

\_\_\_\_\_ My child has completed the required isolation period for one of these scenarios:

- They received a positive COVID-19 test result OR
- They were identified as a close contact of someone with COVID-19 OR
- A member of their household was NOT tested for COVID-19 after starting to feel sick.

### PART 2 - I also attest that (MUST INITIAL ALL):

\_\_\_\_\_ My child has NOT had a fever in the last 24 hours (without using medication).

\_\_\_\_\_ (If applicable) My child's symptoms started improving for at least 24 hours and they have signs they are feeling well (e.g. only occasional clear mucous from nose; no discharge from eyes; coughing does not interfere with activity; no headache; eating, drinking and sleeping well; normal personality; enough energy for daily activities).

\_\_\_\_\_ My child has completed and passed the COVID-19 School and Child Care Screening.

**Based on all the reasons indicated above, I attest that my child may return to school or childcare on \_\_\_\_\_ (DATE).**

**DISCLAIMER:** By typing your name below, you are signing this document electronically.

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

Parent/Guardian Signature: \_\_\_\_\_