

Attestation for return to school/child care following illness or self-isolation

Parents and families please complete this form to document that it is safe for your child to return to child care or school (elementary and secondary).

Child's name: _____

Child care/school: _____

My child failed the Ontario COVID-19 school screening tool or was sent home from child care/school on _____
dd/mm/yyyy

My child may return to child care/school on _____ dd/mm/yyyy _____ for the following reason:

Please check one box and note that your child must meet all criteria for selected choice:

- My child had a **negative COVID-19 test** after starting to feel sick, **and**:
 - My child does not currently have a fever (without using medication); **and**
 - It has been at least a full day since my child began to feel better*; **and**
 - Has not travelled outside of Canada in the past 14 days; **and**
 - Has not been identified as a close contact of someone who is confirmed as having Covid-19 by Public Health or the COVID alert app on their own phone; **and**
 - Has not been directed by a health care provider or public health official to isolate

- My child **was not tested for COVID-19**, but:
 - My child had only one of these symptoms: sore throat, stuffy nose/runny nose, headache, vomiting/diarrhea, or fatigue/muscle aches); **and**
 - My child did not have new onset fever, chills, cough, shortness of breath, or changes in taste or smell; **and**
 - It has been at least a full day since my child began to feel better*; **and**
 - Has not travelled outside of Canada in the past 14 days; **and**
 - Has not been identified as a close contact of someone who is confirmed as having Covid-19 by Public Health or the COVID alert app on their own phone; **and**
 - Has not been directed by a health care provider or public health official to isolate.

- My child **was not tested for COVID-19**, but:
 - My child was previously seen by a physician or nurse practitioner and was told that they have a medical condition, such as allergies or asthma; **and**
 - The medical condition causes the symptoms my child has now; **and**
 - The symptoms are not worse or different than usual; **and**
 - Has not travelled outside of Canada in the past 14 days; **and**
 - Has not been identified as a close contact of someone who is confirmed as having Covid-19 by Public Health or the COVID alert app on their own phone; **and**
 - Has not been directed by a health care provider or public health official to isolate.

*Mild symptoms like a runny nose do not have to be completely gone when your child returns to school provided the runny nose (or other mild symptom) is improving and other symptoms have stopped.



My child **was not tested for COVID-19**, but:

- My child was seen by a physician or nurse practitioner since becoming sick; **and**
- The physician or nurse practitioner told us that my child's sickness is caused by a diagnosis (medical reason) other than COVID-19; **and**
- It has been at least a full day since my child started to feel better*; **and**
- Has not travelled outside of Canada in the past 14 days; **and**
- Has not been identified as a close contact of someone who is confirmed as having Covid-19 by Public Health or the COVID alert app on their own phone; **and**
- Has not been directed by a health care provider or public health official to isolate.

My child **was not tested for COVID-19**, but:

- 10 days have passed since the date when my child started to feel sick; **and**
- My child does not currently have a fever (without using medication); **and**
- It has been at least a full day since my child started to feel better*; **and**
- Has not travelled outside of Canada in the past 14 days; **and**
- Has not been identified as a close contact of someone who is confirmed as having Covid-19 by Public Health or the COVID alert app on their own phone; **and**
- Has not been directed by a health care provider or public health official to isolate.

Return to School following Close Physical Contact (must meet all criteria)

My child **was in close physical contact with someone who had COVID-19**, and

- It has been 14 days since the date of exposure to the positive case; and
- My child has been directed by Public Health that it is safe to return to school or child care; **and**
- My child passed the Ontario COVID-19 school screening tool today.

*Mild symptoms like a runny nose do not have to be completely gone when your child returns to school provided the runny nose (or other mild symptom) is improving and other symptoms have stopped.

Parent/Guardian Name (print): _____

Parent/Guardian Signature: _____

Date of Signature: _____