

# 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's symptoms are related to other known causes or conditions they already have.
- \_\_\_\_\_ 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 tested positive for COVID-19. They completed their isolation period and have been cleared by Public Health to return to school.
- \_\_\_\_\_ My child was identified as a close contact to a confirmed case of COVID-19. They completed their isolation period and have been cleared by Public Health to return to school.
- \_\_\_\_\_ A member of my child's household was NOT tested for COVID-19 when it was recommended. My child completed their isolation period (14 days of isolation after the child's last contact to the sick individual).

**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: \_\_\_\_\_

If you require this information in an alternate format, please call 1 800 267-7120 and press 0.