

Attestation for Return to School/Child Care Following Illness

Child's Name:

My child was sent home from or denied entry to school or child care because of failing the COVID-19 School Screening on

(Date: Month/Day/Year)

I attest that my child may return to school or child care on for the following reason (**check one**):

(Date: Month/Day/Year)

☐ My Child has tested Negative for COVID-19 at an **Assessment Centre** AND it has been at least **24 hours** since symptoms started improving AND there is no fever without medication.

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

- ☐ My child has stayed home for a **10 day isolation period** from the first day of symptoms
- ☐ We took my child to a doctor or nurse practitioner during the time since my child was sent home or denied entry to school/child care. The doctor or nurse practitioner has cleared my child to return to school/child care for another medical reason.

Note: All household members are required to isolate (stay home) while waiting for COVID-19 test results.

If no test is completed by the symptomatic individual, household contacts must isolate for 14 days from their last exposure to the symptomatic person. If the household is isolating all together; this would mean a total of 24 days of isolation is required for household contacts.

Parent/Guardian Name:

Parent/Guardian Signature:

Health Care Provider Name (*not mandatory*):

Health Care Provider Signature (*not mandatory*):
