



Attestation for Return to School/Child Care Following Illness

Childs Name:

My child was sent home or denied entry to school or childcare because of failing the COVID-19 School Screening on _____
(Date)

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

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. Nausea/vomiting/diarrhea symptoms should be resolved for at least 48 hours.

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 AND it has been at least 24 hours since symptoms started improving AND there is no fever without medication. Nausea/vomiting/diarrhea symptoms should be resolved for at least 48 hours.

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.

Household Members of Someone With Symptoms

NOT VACCINATED	VACCINATED
The unvaccinated household members must isolate until: <ul style="list-style-type: none"> • The symptomatic individual receives negative test results, <i>OR</i> • The symptomatic individual isolates for 10 days from symptom onset <i>AND</i> the household members isolated for 10 days from the last contact with the symptomatic person (i.e., 20 days total) <i>OR</i> • The symptomatic individual was diagnosed with another illness by a health care provider 	The vaccinated household members: <ul style="list-style-type: none"> • Do not need to isolate • Self monitor, if symptoms develop, isolate immediately and go for testing

Parent/Guardian Name:

Parent/Guardian Signature: