



COVID-19 Back to School/Childcare Confirmation Form

Please complete this form to confirm that your child is healthy and able to return to school/childcare. **Check only one box.** By adding your signature, you are verifying that the information is true. Return the completed form to your child's school/childcare facility.

Child's Name: _____

My child was home from school/childcare because of symptom(s) and can now return because:

- My child has an existing diagnosed condition that explains their symptoms, and these symptoms are not new or worsening.
- My child had ONE of the following symptoms: sore throat, stuffy/runny nose, headache, nausea/vomiting/diarrhea, or muscle ache/fatigue. His/her symptom has improved for 24 hours.

Note: If your child's symptom has not improved in 24 hours or if your child had more than one symptom, they need to be tested for COVID-19 or stay home and self-isolate for 10 days.

- My child tested negative for COVID-19 and it has been 24 hours since symptoms started improving and they have not had a fever (without medication) for 24 hours.
- I chose not to have my child tested for COVID-19 and my child has completed 10 days of self-isolation since their symptoms started.

My child was identified as a close contact of someone who tested positive for COVID-19:

- My child tested negative for COVID-19 and has completed 14 days of self-isolation.
- My child tested positive for COVID-19 and has completed the required self-isolation period. Return to school/childcare has been advised by Renfrew County and District Health Unit.
- I did not take my child for a COVID-19 test, but my child has completed 14 days of self-isolation and is well with no symptoms.

Date of COVID-19 test (if applicable): _____ (day/ month/ year)

I declare that my child is well, and is able to return to school/childcare.

Parent/Guardian Name: _____

Signature: _____ Date: _____ (day/ month/ year)