



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. This form does not replace the COVID-19 School Screening. Your child is still required to complete the COVID-19 School Screening Daily.

Child's Name: _____

My child was home from school/childcare because of one or more 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 tested negative for COVID-19 and it has been 24 hours since their symptom(s) 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 symptom(s) began.

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.
- 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.

Other situations that my child may have been home for:

- My child is living with an asymptomatic high-risk contact but can attend school as that person is actively self-isolating.
- My child has no symptoms but was a close contact of a symptomatic individual who has tested negative for COVID-19.
- My child is living with an international traveler who is following the rules for quarantine. I attest that the person who returned from international travel has not had any close contact with my child during their quarantine period.
- 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.

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

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

Parent/Guardian Name: _

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