

Attestation for return to school/child care

Parents/Caregivers,

Please complete this form to document that it is safe for your child to return to child care or school (elementary and secondary).

Child's name: _____

Child care/school: _____

My child failed the Ontario COVID-19 school screening tool or was sent home from child care/school on _____. My child may return to child care/school on _____ for the following reason:
dd/mm/yyyy dd/mm/yyyy

Please check one box and note that your child must meet all criteria for selected choice:

- ☐ My child had a **negative COVID-19 test** after starting to feel sick, **and**:
- My child does not currently have a fever (without using medication); **and**
 - It has been at least a full day since my child began to feel better; **and**
 - My child has not travelled outside of Canada, OR **14** days have passed since the date of return; **and**
 - Has not been identified as a close contact of someone who is confirmed or suspected as having COVID-19 by Public Health or the COVID alert app on their own phone; **and**
 - Has not been directed by a health care provider or public health official to isolate
- ☐ My child **was not tested for COVID-19**, but:
- My child was previously seen by a physician or nurse practitioner and was told that they have a medical condition, such as allergies or asthma; **and**
 - The medical condition causes the symptoms my child has now; **and**
 - The symptoms are not worse or different than usual; **and**
 - My child has not travelled outside of Canada, OR **14** days have passed since the date of return; **and**
 - Has not been identified as a close contact of someone who is confirmed as having COVID-19 by Public Health or the COVID alert app on their own phone; **and**
 - Has not been directed by a health care provider or public health official to isolate.
- ☐ My child **was not tested for COVID-19**, however:
- My child was seen by a physician or nurse practitioner **since** becoming sick; **and**
 - The physician or nurse practitioner told us that my child's sickness is caused by a diagnosis (medical reason) other than COVID-19; **and**
 - It has been at least a full day since my child started to feel better; **and**
 - My child does not have a fever (without the use of fever-reducing meds); **and**
 - My child has not travelled outside of Canada, OR **14** days have passed since the date of return; **and**
 - Has not been identified as a close contact of someone who is confirmed as having COVID-19 by Public Health or the COVID alert app on their own phone; **and**
 - Has not been directed by a health care provider or public health official to isolate.
- ☐ My child **was not tested for COVID-19**, but:
- **10** days have passed since the date when my child started to feel sick; **and**
 - My child does not currently have a fever (without using medication); **and**
 - It has been at least a full day since my child started to feel better; **and** (*cont'd on other side*)

- My child has not travelled outside of Canada, OR **14** days have passed since the date of return; **and**
- Has not been identified as a close contact of someone who is confirmed as having Covid-19 by Public Health or the COVID alert app on their own phone; **and**
- Has not been directed by a health care provider or public health official to isolate.

☐ **Return to School:** My child **is a household member of a person who was identified as a close contact who then became ill** (must meet all criteria):

- The close contact's COVID-19 test results are negative; **and**
- My child passed the Ontario COVID-19 school screening tool today.

☐ **Return to School:** My child **is a household member of a person who was in mandatory quarantine following travel outside of Canada** (must meet all criteria):

- It has been at least **14** days since the date of exposure to the household member in mandatory quarantine; **and**
- The household member has been released by Public Health from their mandatory quarantine; **and**
- My child passed the Ontario COVID-19 school screening tool today.

☐ **Return to School:** My child **had a positive COVID-19 test** (must meet all criteria):

- It has been at least **10** days from my child's symptom onset or positive COVID-19 test; **and**
- My child has been directed by Public Health that it is safe to return to school or child care; **and**
- It has been at least a full day since my child began to feel better; **and**
- My child does not have a fever (without the use of fever-reducing meds); **and**
- My child passed the Ontario COVID-19 school screening tool today.

☐ **Return to School:** My child **was a close contact of someone who had COVID-19 or someone with COVID-19 symptoms who was not tested for COVID-19** (must meet all criteria):

- It has been at least **14** days since the date of exposure to the positive case or symptomatic individual who was not tested for COVID-19; **and**
- My child has been directed by Public Health that it is safe to return to school or child care; **and**
- My child passed the Ontario COVID-19 school screening tool today.

☐ **Return to School Following School Dismissal:** My child **was dismissed from school or child care and was told to self isolate until we heard from Hamilton Public Health Services (HPHS):**

- HPHS has released my child from isolation and told me that my child is not a close contact of a confirmed COVID-19 case; **and**
- My child passed the Ontario COVID-19 school screening tool today.

Parent/Guardian Name (print): _____

Parent/Guardian Signature: _____

Date of Signature: _____

