

Return to School Student Attestation

To be completed **once**, before a student begins attending school.

Dear Parent/Guardian/Caregiver or student (if age 18 or older):

Prior to beginning school parents/guardians/caregivers and students over age 18 must complete a one-time attestation indicating the following as it relates to daily screening for COVID-19 symptoms and other screening criteria.

If you have any questions about the statements below, please contact the student's school prior to completion.

Note: The term 'student' is intended to be inclusive and refers to the child of the parent/guardian/caregiver or the student if they are age 18 or older.

Check each box to agree:

| Student | : Name Parent/Guardian/Caregiver/Student age 18+ Signature |
|---------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| | |
| Acknow | rledged and attested this day of, 2021. |
| | Hamilton Public Health, I will be risking the health and safety of my child, other students and staff. I understand that I must complete the attestation for each student that attends a HWDSB school. |
| | supervised during this time. I understand that if I send the student to school against the guidance of the screening tool or |
| | be isolated until they are picked up and I will be contacted to pick them up immediately. They will be supervised during this time. |
| | Education. I understand that if the student begins to feel ill during the day with COVID-19 symptoms, they will |
| | This decision will be guided by advice from Hamilton Public Health Services and the Ministry of |
| | where the school may take measures to verify the screening of students each morning upon arrival. |
| | I understand that I may be required to adhere to the school's daily screening verification process |
| ш | home and I will contact the school to report the absence. |
| | I will follow the instructions at the completion of the Screening. I understand that if the student is feeling ill or if the student fails the screening, they must remain |
| | Screening at covid-19.ontario.ca/school-screening/ |
| | each student in the household by completing the provincial <u>COVID-19 School and Child Care</u> |
| ш | Tunderstand that prior to a student attending school, I must complete a daily COVID-19 screen for |