

Back to School Confirmation Form

Please check only one box and complete this form to confirm that your child is healthy and able to return to school. By adding your signature, you are verifying that the information is true. Return the completed form to your child's school principal. *Please Note: It is up to each school/ school board to decide if they choose to accept and use this form.*

Student Name: _____

My child was not in school because of a suspected illness or have symptoms:

- The health care provider confirmed that my child does not have COVID-19 and his/her symptoms have been improving for more than 24 hours. My child does not have a cold or respiratory infection.
- My child tested negative for COVID-19 and their symptoms have improved for more than 24 hours.
- My child did not have COVID-19 test, but have completed 10 days of self-isolation from when the symptom(s) started. My child does not have a fever (without the use of medication) and his/her symptoms are improving for at least 24 hours.
- My child tested positive for COVID-19 and has completed 10 days of self-isolation from when the symptom(s) started (or the test was done). My child was not hospitalized. My child does not have a fever (without the use of medication), and his/her symptoms are improving.

My child was 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 is well with no symptoms.
- My child did not have a COVID-19 test, but has completed 14 days of self-isolation and is well with no symptoms.

Sibling/child in my household had symptoms of COVID-19:

- A sibling or other child in my household tested negative for COVID-19, so my child (name listed above) can return to school now.
- A sibling or other child in my household did not have a COVID-19 test, but all the children completed 10 days of self-isolation. My child 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.

Parent/Guardian Name: _____

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