

Back to Child Care/Day Camp/School - Confirmation Form

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

Student Name: _____

My child was ill:

- My child tested negative for COVID-19 and their symptoms have improved for more than 24 hours.
- My child (12 years and older) just had a COVID-19 vaccine and has symptoms of a mild headache, tiredness, sore muscles or joints that occurred within 48 hours after getting a COVID-19 vaccine. My child can return to child care/ day camp/ school and must wear a properly fitted mask.
- My child did not have a COVID-19 test, but has 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 their symptoms are improving
- The health care provider confirmed that my child does not have COVID-19 and has diagnosed a condition that is not related to COVID-19. Their symptoms have been improving for more than 24 hours. My child does not have a cold or respiratory infection.

Someone in my household (e.g. parent, sibling) was ill with symptoms of COVID-19:

- The household member tested negative for COVID-19, and my child (name listed above) can return to school now.
- The household member had a COVID-19 vaccine and has symptoms of a mild headache, tiredness, sore muscles or joints that occurred within 48 hours after getting a COVID-19 vaccine. My child is well without symptoms and can return to child care/ day camp/ school.

- The household member had a health care provider confirm that they do not have COVID-19 and has diagnosed a condition that is not related to COVID-19. Their symptoms have been improving for more than 24 hours. They are well and do not have a cold or respiratory condition. My child (name listed above) can return to school now.
- The household member did not have a COVID-19 test, but my child (listed above) completed 14 days of self-isolation. My child is well with no symptoms.

Close contact of someone who tested positive for COVID-19:

- My child was a close contact of someone who tested positive for COVID-19 and has completed 14 days of self-isolation. My child is well with no symptoms.
- My child was a close contact of someone who tested positive for COVID-19. My child has received two doses of the COVID-19 vaccine and it has been more than 14 days since the last dose. My child is well with no symptoms.

Recent travel outside of Canada:

- My child has returned from travel outside of Canada. My child stayed home for the 14 day travel quarantine period. My child is well with no symptoms.
- My child has returned home from travel outside of Canada. My child is fully vaccinated (has received two doses of the COVID-19 vaccine and it has been more than 14 days since the last dose), prior to their entry into Canada. 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)