

## Back to Child Care/ School - Confirmation Form

Please check only one box to confirm that your child is able to return to child care/school. By signing this form, you are verifying that the information is true. For more information, please see [Screening for Children/Students](#).

Child/student Name: \_\_\_\_\_

### My child was ill/absent:

- My child has completed their required self-isolation period based on their symptoms or test result. My child does not have a fever (without the use of medication) and their symptoms have been improving for at least 24 hours (48 hours for nausea, vomiting, diarrhea).
- A 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 (48 hours for nausea, vomiting, diarrhea).
- My child only had **one** of the following symptoms: sore throat, headache, feeling very tired, runny nose/nasal congestion, muscle aches/joint pain, nausea/vomiting/diarrhea or they were generally unwell. Their symptom has been improving for more than 24 hours (48 hours for nausea, vomiting, diarrhea).
- My child was not at child care/school for other reasons. My child is not sick and does not have any symptoms of illness, including no symptoms of a respiratory infection.

### Someone in my child's household (e.g. parent, sibling) was ill with symptoms of COVID-19 or has tested positive for COVID-19:

- My child stayed home for the duration of the household member's isolation period. My child can return to child care/school now.

### Close contact of someone outside of my child's household who has tested positive for COVID-19/has symptoms of COVID-19:

- My child was a close contact of someone who had symptoms/tested positive for COVID-19 and has completed their required days of self-isolation. My child is well with no symptoms.

### Recent travel outside of Canada:

- My child has returned from travel outside of Canada and has followed [federal requirements for travellers for quarantine and testing after returning from international travel](#). 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 child care/school based on the [Screening for Children/Students](#).**

Parent/Guardian Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_ (day/ month/ year)

Return the completed form to the child care/day camp operator or your child's school principal.

*Please note: It is up to each child care operator/school/school board to decide if they choose to accept and use this form.*

\*[Fully vaccinated](#) is 14 days or more after getting a second dose of a COVID-19 vaccine series or as defined by the Ontario Ministry of Health.