

Parent's declaration regarding their child's return to school

Child's last name and first name: _____

My child has been sent home from school due to a possible or confirmed COVID-19 infection, and out of consideration for the health and safety of the other children and adults in the school, I declare that my child is fit to return to school for one of the following reasons:

- My child tested negative for COVID-19 and no longer has any symptoms.
- My child tested positive for COVID-19 and has been isolated at home for the 10 days prescribed by the public health authorities.
- A health professional diagnosed my child with something other than COVID-19 that explains the symptoms observed.
- The at-home isolation period prescribed by the public health authorities has now ended.
- My child has not been evaluated by a doctor and has not been tested for COVID-19, but has been isolated at home for a period of 10 days since their symptoms first appeared.
- My child exhibited one symptom from scenario two and was observed for a 24-hour period. The symptom has subsided and disappeared. There has been no onset of additional symptoms.
- Another reason (specify): _____

Parent's name (print in block letters): _____

Parent's signature

Date: _____

