

Attestation for Return to School or Childcare Following Illness

Child's Name: _____

My child was sent home from or denied entry to school or childcare because of failing the COVID-19 School Screening on _____
(date - dd/mm/yyyy)

I attest that my child may return to school or childcare on _____ for
the following reason (**check one**): (date – dd/mm/yyyy)

My child had only **one** symptom and the symptom **RESOLVED** within 24 hours of the symptom starting.

My child tested **negative** for COVID-19 at an assessment centre AND it has been at least 24 hours since symptoms started improving AND there is no fever, without medication.

My child **was not** tested for COVID-19:

- My child has stayed home for a **10 day isolation period** from the first day of symptoms **OR**
- We took my child to a doctor or nurse practitioner during the time since my child was sent home or denied entry to school/child care. The doctor or nurse practitioner has cleared my child to return to school/child care for another medical reason.

Household contacts must follow the most current version of the Grey Bruce School and Child Care Guidance available at <https://www.publichealthgreybruce.on.ca/COVID-19/Schools-and-Childcare-Centres/Schools> .

Parent/Guardian Name: _____

Parent/Guardian Signature: _____

Healthcare Provider Name: (not mandatory) _____

Healthcare Provider Signature: (not mandatory) _____