

Student Return to School Form

When your child is ready to return to school, complete this form and **check off only one box**. Return this form to your child's principal.

Your signature, as a parent or guardian of the child, confirms that the information is accurate. This is important to help decrease the spread of COVID-19 and protect the safety of all staff and students in the school.

Child's name: _____

A COVID-19 test was taken and my child tested POSITIVE:

- My child has self-isolated for 10 days after the start of symptoms or from the date of the test (if no symptoms present); and any symptoms have improved for at least 24 hours and no fever is present.

A COVID-19 test was taken and my child tested NEGATIVE:

- My child was not exposed to a COVID-19 case and their symptoms have improved for at least 24 hours.
- My child has been assessed by a health care provider and another diagnosis has been given. Symptoms have improved for at least 24 hours (if infectious cause).
- My child has been exposed to a positive COVID-19 case and has self-isolated for 14 days since the last date of exposure. My child is well and has no symptoms.

A COVID-19 test was not taken:

- My child's health care provider has diagnosed another medical condition and symptoms have improved for at least 24 hours.
- My child has self-isolated for 10 days after the start of symptoms and their symptoms have improved for at least 24 hours.
- My child has been exposed to a positive COVID-19 case, has self-isolated for 14 days since the last date of exposure and has not had any symptoms of COVID-19 in the past 10 days.

I also declare that my child is returning to school today after passing the COVID-19 Screening Tool (<https://covid-19.ontario.ca/school-screening/>) and has followed applicable public health direction.

Parent/Guardian Name: _____

Signature: _____ Date: _____

Municipal Freedom of Information and Protection of Privacy Act: Personal information on this form is collected under the legal authority of the Education Act, R.S.O. 1990, c.E-2, as amended. This information will be used for the purposes of protecting the health of students and staff and any related administrative or legal issues. Questions regarding this collection should be directed to the Principal of your child's school or the Manager of Records, Privacy and Access at Dufferin-Peel Catholic District School Board, 40 Matheson Blvd. W., Mississauga, ON.