

Return to School Form – Students

When your child is ready to return to school after experiencing symptoms, an exposure to COVID-19, or returning from travel outside of Canada, complete this form and **check off only 1 box**. Return this form to your child's school principal.

Your signature as a parent or guardian of the child, confirms that the information is true. 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: _____

My child has tested positive for COVID-19 in the last 90 days

- My child is previously positive** and does not have any new symptoms of COVID-19. My child has self-isolated for 10 days after the start of symptoms or from the date of test (if no symptoms present) and has been cleared by public health to return to school. Any symptoms have improved for more than 24 hours and no fever is present.

My child was ill with symptoms of COVID-19

- My child tested negative for COVID-19 and their symptoms have improved for more than 24 hours (more than 48 hours for nausea, vomiting, diarrhea) and no fever is present.
- A COVID-19 test was not taken, and my child has self-isolated for 10 days after the start of symptoms. Any symptoms have improved for more than 24 hours and no fever is present.
- A COVID-19 test was not taken, and a health care provider had diagnosed another medical condition. Any symptoms (if of infectious cause) have improved for more than 24 hours (48 hours for nausea, vomiting or diarrhea) and no fever is present.

Someone in my household was ill with symptoms of COVID-19

- My child was fully vaccinated* against COVID-19, or previously positive**, before my household member became symptomatic. My child does not have any symptoms and is not immunocompromised.
- My household member has tested negative for COVID-19.
- My household member did not get tested for COVID-19, and my child has self-isolated for 10 days since the last date of exposure to them. My child has had no symptoms in the past 10 days.
- My household member did not get tested and a health care provider had diagnosed another medical condition.

My child is a close contact of someone who tested positive for COVID-19

- My child was fully vaccinated* against COVID-19, or previously positive**, before their exposure to someone with COVID-19. My child does not have any symptoms and is not immunocompromised.
- A COVID-19 test was taken and my child has tested negative. My child has self-isolated for 10 days since the last date of exposure. My child is well and has had no symptoms in the past 10 days.
- A COVID-19 test was not taken. My child has self-isolated for 10 days since the last date of exposure. My child is well and has had no symptoms in the past 10 days.

My child recently travelled outside of Canada

- My child was fully vaccinated* against COVID-19 prior to their entry into Canada. My child is well, has no symptoms and is not immunocompromised.
- My child has returned from travel outside of Canada. My child stayed home and completed the mandatory federal requirements to stay home from school for 14 days after travel. My child is well and has no symptoms. (Refer to more information on federal quarantine requirements – **unvaccinated children under 12 and unvaccinated youth 12-17**).

***Your child is fully vaccinated if:**

They have received all required doses of an approved COVID-19 vaccine (the second dose of a two-dose vaccine, or a single dose of a one-dose vaccine); and, it has been at least 14 days since they received the last required dose.

****Your child is previously positive if:**

They had COVID-19 within the past 90 days; they have recovered; and they have completed the isolation period from their initial infection.

If your child is immunocompromised, they should continue to isolate after a COVID-19 exposure even if they are fully vaccinated or previously positive.

In addition to the checked box above, I confirm that my child has also passed the COVID-19 Screening tool and has followed any applicable public health direction.

Parent/Guardian Name: _____

Signature: _____ Date: _____