

PARENT ATTESTATION FOLLOWING CHILD ILLNESS OR ABSENCE RETURN TO SCHOOL/CHILD CARE

Child Name:

My child was sent home/kept home from or denied entry to school/child care on

(dd/mm/yyyy)

I confirm my child may return to school/child care on

(dd/mm/yyyy) for the following reason **(check one)**:

My child was sent/kept home because of symptoms listed on the screening tool. They have either tested negative for COVID-19, or have isolated for the required number of days after symptoms started.

My child was sent/kept home because of symptoms not listed on the screening tool. Their symptoms have been improving for 24 hours (or 48 hours for gastrointestinal symptoms)

My child was sent/kept home because a household contact was experiencing symptoms listed on the screening tool and the screening tool advised isolation. The symptomatic person has either tested negative for COVID-19, or everyone in the household has isolated for the required number of days.

My child has been seen by a health care provider (such as a family doctor); they received an alternative diagnosis and my child's symptoms are not related to COVID-19 or any other contagious illness (e.g. common cold). These symptoms include:

Please confirm:

My child has completed the [screening tool](#) today and can attend school/child care/day program/camp

Parent/Guardian Name:

Parent/Guardian Signature:

Date:

PUBLIC HEALTH

1-877-464-9675

TTY 1-866-512-6228

york.ca/COVID19

