

## Returning to Child Care Confirmation Form

Please complete this form to confirm that your child is healthy and able to return to the child care centre/home child care provider. Check only one box. By adding your signature, you are verifying that the information is true. Return the completed form to the child care center supervisor/home child care provider.

Child's Name: \_\_\_\_\_

### My child was excluded from child care because of a suspected illness:

- ☐ My child's health care provider has confirmed that my child does not have COVID-19, and their symptoms have been improving for more than 24 hours.
- ☐ My child had **ONE** of the following symptoms: sore throat, stuffy/runny nose, headache, nausea/vomiting/diarrhea, or muscle ache/fatigue. His/her symptom has improved for 24 hours.

**Note: If your child's symptom has not improved in 24 hours or if your child had more than one symptom, they need to be tested for COVID-19 or stay home and self-isolate for 10 days.**

- ☐ My child tested negative for COVID-19 and their symptoms have improved for more than 24 hours.

### My child was identified as a close contact of someone who tested positive for COVID-19:

- ☐ My child tested negative for COVID-19 and has completed 14 days of self-isolation.
- ☐ My child tested positive for COVID-19 and has completed 10 days of self-isolation, from when the symptoms started (or the test was done). My child was not hospitalized. My child does not have a fever, and his/her symptoms are improving.
- ☐ I did not take my child for a COVID-19 test, but my child has completed 14 days of self-isolation and is well with no symptoms.

Date of COVID-19 test (if applicable): \_\_\_\_\_ (day/ month/ year)

**I declare that my child is well, and is able to return to the child care setting.**

Parent/Guardian Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_ (day/ month/ year)