

Return to Child Care Confirmation Form

Please check only one box and complete this form to confirm that your child is healthy and able to return to child care. By adding your signature, you are verifying that the information is true. Return the completed form to your child's child care operator. *Please Note: It is up to the operator to decide if they choose to accept and use this form.*

Child's Name: _____

My child was ill:

- My child tested negative for COVID-19 and their symptoms have improved for more than 24 hours.
- My child did not have a COVID-19 test, but has completed 10 days of self-isolation from when their symptom(s) started. My child does not have a fever (without the use of medication), and his/her symptoms have been improving for at least 24 hours.
- My child tested positive for COVID-19 and has completed 10 days of self-isolation from when their symptom(s) started (or the test was done). My child was not hospitalized. My child does not have a fever (without the use of medication), and his/her symptoms are improving.
- My child's health care provider has confirmed that my child does not have COVID-19, and has diagnosed a condition that is not related to COVID-19. Their symptoms have been improving for more than 24 hours. My child does not have a cold or respiratory infection.

Someone in my household (e.g. parent, sibling) was ill with symptoms of COVID-19:

- The household member tested negative for COVID-19, and my child (name listed above) can return to child care now.
- The household member had a health care provider confirm that they do not have COVID-19 and his/her symptoms have been improving for more than 24 hours. Their symptoms have been improving for more than 24 hours. They are well and do not have a cold or respiratory condition. My child (name listed above) can return to child care now.
- The household members did not have a COVID-19 test, but my child (listed above) completed 14 days of self-isolation. My child is well with no symptoms.

Close contact of someone who tested positive for COVID-19:

- My child was a close contact of someone who tested positive for COVID-19 and has completed 14 days of self-isolation. My child is well with no symptoms.
- A household member was a close contact of someone who tested positive for COVID-19. My child stayed home for their 14 days of self-isolation. My child and household are well with no symptoms

Recent travel outside of Canada:

- My child or member of my household returned from travel outside of Canada. My child stayed home for the 14 day travel quarantine period. My child and household are 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)