Attestation for Return to School for Students Following Illness

Student's Name:

_____

My child was sent home from or denied entry to school or childcare because of an illness that might be COVID-19 on _____

(date - dd/mm/yyyy)

I attest that my child may return to school or childcare on _____ for the following reason (**check one**):

(date – dd/mm/yyyy)

☐ My child's symptoms are not new and have not changed. My child was previously seen by a doctor or nurse practitioner and was diagnosed with a chronic condition, such as allergies or asthma, with the exact same symptoms my child has now.

☐ We took my child to a doctor or nurse practitioner during the time that my child was sent home or denied entry to school. The doctor or nurse practitioner told us that another diagnosis (medical reason) other than COVID-19 explains my child's symptoms (why my child was feeling sick).

☐ My child did NOT have a COVID-19 test but completed 14 days of self-isolation from the date when my child started to feel sick and has not had a fever for 3 full days and is feeling better.

☐ My child had a negative COVID-19 test after starting to feel sick **AND** has NOT felt sick for at least 24 hours (or 48 hours if the child had vomiting or diarrhea)* **AND** has NOT been told by Ottawa Public Health or a healthcare provider to continue to self-isolate for a total of 14 days because my child was a close contact of a person with COVID-19.

* *As long as there is a negative COVID-19 test, mild symptoms known to persist in young children (e.g., runny nose) may be ongoing at time of return to school if improving and other symptoms have stopped.*

Parent/Guardian Name:

_____

Parent/Guardian Signature:

_____

24/09/2020