

RETURN TO PARENT ATTESTATION FOLLOWING CHILD ILLNESS

Child Name:

My child was sent home/kept home from or denied entry to _____ because of symptoms consistent
with COVID-19 on _____ (dd/mm/yyyy)

I confirm my child may return to _____ on _____ (dd/mm/yyyy) for the following reason
(check one):

My child was sent home because of ongoing symptoms which are caused by a chronic condition previously diagnosed by a health care provider.

These symptoms include:

My child was sent home because of a symptom/symptoms they often experience and is not unusual for them. The symptom(s) include:

My child was sent home/kept home because of symptoms compatible with COVID-19 and has had a negative COVID-19 test or has stayed home for the full 10 days. Their symptoms have improved over the last 24 hours, they do not have a fever and they have not travelled outside the country or been in close contact with a confirmed case of COVID-19 in the last 14 days.

My child was sent home/kept home because of symptoms compatible with COVID-19. After seeing a health care provider, a diagnosis other than COVID-19 explains my child's illness.

My child developed symptoms compatible with COVID-19 and did not have a test for COVID-19. My child has been isolated for 10 days from the onset of their symptoms. Their symptoms have improved and they do not have a fever. They should be able to return as per public health guidelines.

My child has completed the York Region Screening tool today and can attend school / Child Care

Parent/Guardian Name:

Parent/Guardian Signature:

Date:

PUBLIC HEALTH

1-877-464-9675

TTY 1-866-512-6228

york.ca/covid19



York Region