



Attestation for Return to School Following Illness

Student's Name:

My child was sent home from or denied entry to school or childcare because of failing the COVID-19 School Screening 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 had only **one** symptom that has **resolved** within a 24 hour observation period **AND** he/she passed the [COVID-19 Screening Tool for Children in School and Child Care](#)

My child **was** tested for COVID-19:

My child had a negative COVID-19 test after starting to feel sick **AND** has been symptom-free or symptoms have improved for 24 hours **AND** has NOT been told by the Grey Bruce Health Unit 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.

My child was **NOT** tested for COVID-19:

- 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** he/she passed the [COVID-19 Screening Tool for Children in School and Child Care](#)
- We took my child to a doctor or nurse practitioner during the time since 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).

Parent/Guardian Name:

Parent/Guardian Signature:
