

Back to School Confirmation Form

Please complete this form to confirm that your child is healthy and able to return to school. Check only one box. By adding your signature, you are verifying that the information is true. Return the completed form to your child's school principal.

Child's Name: _____

My child was sent home from school 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 test 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 tests negative for COVID-19 and has completed 14 days of self-isolation.
- ☐ My child tests 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 school.

Parent/Guardian Name: _____

Signature: _____ Date: _____ (day/ month/ year)