

# COVID-19 Back to Child Care Confirmation Form

Please complete this form to confirm that your child is healthy and able to return to childcare. By adding your signature, you are verifying that the information is true. Return the completed form to your child care provider. If submitting electronically, your typed name will act as your signature.

**Child's Full Name:** \_\_\_\_\_

My child has stayed home from child care since \_\_\_\_\_ (DATE: YYYY/MM/DD), based on the instructions that they should do so following the results of the [COVID-19 School and Child Care Screening Tool](#) or guidelines from the local Health Unit.

1. I attest that (**INITIAL ONE**):

My child's symptoms are related to other known causes or conditions they already have.

My child was previously seen by a doctor or nurse practitioner and was diagnosed with a chronic condition with the exact same symptoms my child has now.

My child was assessed by a doctor or nurse practitioner on \_\_\_\_\_ (DATE). The doctor or nurse practitioner told us that a COVID-19 test was not required and another medical reason other than COVID-19 explains my child's symptoms.

My child did NOT have a COVID-19 test but completed 10 days of self-isolation from the date when my child started to feel sick.

My child or a member of their household has received a negative COVID-19 test result after starting to feel sick.

My child has been **cleared by Public Health** to return to childcare for one of these scenarios:

They received a positive COVID-19 test result OR

They were identified as a close contact of someone with COVID-19 OR

A member of their household who developed COVID-19 symptoms was NOT tested for COVID-19 when it was recommended (date of return must be determined in consultation with public health).

2. I also attest that (**MUST INITIAL ALL**):

My child has NOT had a fever in the last 24 hours (without using medication).

(If applicable) My child's symptoms started improving for at least 24 hours and they have signs they are feeling well (e.g. only occasional clear mucous from nose; no discharge from eyes; coughing does not interfere with activity; no headache; eating, drinking and sleeping well; normal personality; enough energy for daily activities).

My child has completed and passed the COVID-19 School and Child Care Screening.

**Based on all the reasons indicated above, I attest that my child may return to child care on:**

\_\_\_\_\_ (DATE).

Parent/Guardian Name: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_

1-866-236-0123  
www.healthunit.org

