

Attestation for Return to School/Child Care Following Illness

Student's Name: _____

My child was sent home from or denied entry to school or child care because of an illness that might be COVID-19 on _____
(date - dd/mm/yyyy)

I attest that my child may return to school or child care on _____ for the following reason (**check one**).
(date – dd/mm/yyyy)

The following choices apply even if your child has received one or two doses of a COVID-19 vaccine :

___ 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 since my child was sent home or denied entry to school/child care. 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 10 days of self-isolation from the date when my child started to feel sick **AND** is feeling better **AND** has not had a fever for at least 24 hours.

___ My child had a negative COVID-19 test after starting to feel sick **AND** has NOT felt sick for at least 24 hours* **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.

*** Please note: If your child had vomiting and/or diarrhea and tested negative for COVID-19, OPH requires that your child does not return to school/child care until 48 hours after symptoms have gone away.**

If your child tested negative for COVID-19, mild symptoms like a runny nose do not have to be completely gone when your child returns to school provided the mild symptom is improving and other symptoms have stopped.

Parent/Guardian Name: _____

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