COMMISSION SCOLAIRE WESTERN QUÉBEC SCHOOL BOARD

Parent's declaration regarding their child's return to school

Child's last name and first name: _____

My child has been sent home from school due to a possible or confirmed COVID-19 infection, and out of consideration for the health and safety of the other children and adults in the school, I declare that my child is fit to return to school for one of the following reasons:

- ☐ After 24 hours of observation, and without my child having to take any medication, their symptoms have disappeared. This includes 48 hours free of fever without medication.
- ☐ My child tested negative for COVID-19 and no longer has any symptoms.
- ☐ My child tested positive for COVID-19 and has been isolated at home for the 10 days prescribed by the public health authorities.
- ☐ A health professional diagnosed my child with something other than COVID-19 that explains the symptoms observed.
- ☐ The at-home isolation period prescribed by the public health authorities has now ended.
- ☐ My child has not been evaluated by a doctor and has not been tested for COVID-19, but has been isolated at home for a period of 10 days since their symptoms first appeared.
- ☐ Another reason (specify): _____

Parent's name (print in block letters): _____

_____

Parent's signature

Date: _____