



Oakwood Academy

BACK TO SCHOOL CONFIRMATION FORM

Please complete this form if you have been absent from an illness to confirm that your child is healthy and able to return to school. By adding your signature, you are verifying that the information is true. If your child was tested for COVID-19, a copy of the test results should be sent as well. Return the completed form to Health and Safety hs@oakwoodacademy.ca before your child's return to school.

Child's Full Name: _____

D.O.B: _____ / _____ / _____
MM DD YYYY

A COVID-19 test was taken and my child tested POSITIVE:

- My child has self-isolated for 10 days after the start of symptoms or from the date of the test (if no symptoms present); AND any symptoms have improved for at least 24 hours AND no fever is present (temperature remains lower than 37.8°C without the use of medication).
 - o This applies regardless of your child's vaccination status.

A COVID-19 test was taken and my child tested NEGATIVE:

- My child was a close contact to a confirmed case. They have remained home for 10 days from the last contact with the case (as per Public Health) AND is well with no present symptoms.
 - o This applies if your child is partially vaccinated or unvaccinated.
- My child was a close contact to a confirmed case AND is well with no present symptoms.
 - o This applies if your child is fully vaccinated.
- My child was NOT a close contact to a confirmed case. It has been at least 24 hours since their symptoms started improving.
 - o This applies regardless of your child's vaccination status.
- My child has travelled outside of Canada and has remained home for 14 days based on federal quarantine requirements.
 - o This applies if your child is partially vaccinated or unvaccinated.
- My child has travelled outside of Canada AND is well with no present symptoms.
 - o This applies if your child is fully vaccinated.

A COVID-19 test was not taken:

- My child's health care provider has assessed and diagnosed my child with another illness AND it has been at least 24 hours since their symptoms started improving.
 - o This applies regardless of your child's vaccination status.
- My child has self-isolated for 10 days from the start of symptoms.
 - o This applies regardless of your child's vaccination status.
- My child's healthcare provider has assessed my child and determined no other illness. A contact name and number has been provided.

Contact Name: _____

Phone Number: _____

In addition to the checked box above, I confirm that my child has also passed the Oakwood Academy COVID-19 Daily Screening Tool.

Parent/Guardian Name & Signature: _____

Date: _____

HS Coordinator: _____

Date: _____

Director/Supervisor: _____

Date: _____

