



## ST. EDMUND ELEMENTARY SCHOOL

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[www.lbpsb.qc.ca](http://www.lbpsb.qc.ca)

### Parent's Declaration of Health Regarding Their Child's Return to School

Child's first name and last name: \_\_\_\_\_

My child has been absent from school due to a possible or confirmed COVID-19 infection.

<u>One of the following symptoms</u>	And/Or	<u>Two of the following symptoms</u>
<ul style="list-style-type: none"><li>● Onset or aggravation of a cough</li><li>● Fever (38 C or more, oral thermometer)</li><li>● Difficulty breathing</li><li>● Sudden loss of smell with or without loss of taste without congestion</li></ul>		<ul style="list-style-type: none"><li>● General symptoms (muscular pain, headache, intense fatigue or loss of appetite)</li><li>● Nasal congestion and/or nasal drip</li><li>● Sore throat</li><li>● Diarrhea</li><li>● Vomiting or abdominal pain</li></ul>

**I have called the COVID HOTLINE (1-877-644-4545) for advice**, 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:

- My child tested negative for COVID-19 and no longer has any symptoms (for at least 24 - 48hrs).
- 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.
- A mild symptom** that did not meet criteria for testing, **according to public health authority instructions**, has been monitored and has subsided for at least 24-48hours. (Ex: Runny nose).
- 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 14 days since their symptoms first appeared.
- Another reason (specify): \_\_\_\_\_

Parent's Name (print in block letters): \_\_\_\_\_

Parent Signature: \_\_\_\_\_

Date: \_\_\_\_\_