

Return to Day Camp Confirmation Form

Please complete this form to confirm that your child is healthy and able to return to day camp. Check only one box. By adding your signature, you are verifying that the information is true. Return the completed form to your child's day camp administrator.

Child's Name: _____

My child was ill:

- ☐ My child's health care provider has confirmed that my child does not have COVID-19. They do not have a fever (without the use of medication) and their symptoms have been improving for at least 24 hours.
- ☐ My child tested negative for COVID-19 and their symptoms have improved for more than 24 hours.
- ☐ My child had COVID-19 symptom(s), did not go for testing, and has completed 10 days of self-isolation from when the symptoms started. They do not have a fever (without the use of medication) and their symptoms have been improving for at least 24 hours.
- ☐ My child tested positive for COVID-19 and has completed 10 days of self-isolation from when the symptom(s) started. My child was not hospitalized with severe illness requiring 20 days of self-isolation. My child does not have a fever (without the use of medication), and their symptoms are improving.

Someone in my household (e.g. parent, sibling) was ill with symptoms of COVID-19:

- ☐ The household member tested negative for COVID-19, and my child (name listed above) can return to day camp now.
- ☐ The household member had a health care provider confirm that they do not have COVID-19 and their symptoms have been improving for more than 24 hours. They are well and do not have a cold or respiratory condition.
My child (name listed above) can return to day camp now.
- ☐ The household member did not have a COVID-19 test, but my child (listed above) completed 14 days of self-isolation. My child is well with no COVID-19 symptoms.

My child was identified as a close contact of someone who tested positive for COVID-19:

- ☐ My child tested negative for COVID-19 and has completed 14 days of self-isolation.
- ☐ My child tested positive for COVID-19 and has completed 10 days of self-isolation, from when the symptom(s) started (or the test was done). My child was not hospitalized with severe illness requiring 20 days of self-isolation. My child does not have a fever, and their symptoms are improving.
- ☐ I did not take my child for a COVID-19 test, but my child has completed 14 days of self-isolation and is well with no symptoms.

Date of COVID-19 test (if applicable): _____ (day/ month/ year)

I have completed the provincial [COVID-19 School and Child Care Screening](#) and declare that my child is well, and is able to return to day camp.

Parent/Guardian Name: _____ Signature: _____

Date: _____ (day/ month/ year)

Please return the completed form to your child's camp director or administrator



Last updated: June 28, 2021

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