



# DECLARATION FOR RETURN TO SCHOOL (STUDENT)

PROVINCE OF ALBERTA, CANADA

I \_\_\_\_\_, **ACKNOWLEDGE THE FOLLOWING:**

Under the direction of the Chief Medical Officer of Health for the Province of Alberta:

1. Any person with COVID-19 related symptoms must stay home, seek health care advice as appropriate, and fill out the AHS Online Self-Assessment tool to determine if they are legally required to self-isolate for a period of ten days, if they are recommended to get a COVID-19 test or if they are strongly advised to stay home and minimize contact with others until they are feeling better.
2. A ten (10) day self-isolation period is required from the time of the appearance of the following symptoms:
  - Fever
  - Cough (continuous, more than usual, not related to other known causes or conditions such as asthma)
  - Shortness of breath (continuous, out of breath, unable to breathe deeply, not related to other known causes or conditions such as asthma)
  - Loss of sense of smell or taste

If you have any of the following symptoms, see actions below depending on how many symptoms are presenting: (You **DO NOT** need to fill out this form for the following symptoms.)

- Chills
- Sore throat, painful swallowing
- Runny nose/congestion
- Feeling unwell/fatigued
- Nausea, vomiting and/or diarrhea
- Unexplained loss of appetite
- Muscle or joint aches
- Headache
- Conjunctivitis, commonly known as pink eye

If you have one symptom – Keep your child at home and monitor for 24 hours. If the symptom is improving after 24 hours, they can return to school and activities when they feel well enough to go. Testing is not necessary.

If the symptom does not improve or worsens after 24 hours (or if additional symptoms emerge, use the AHS Online Assessment Tool or call Health Link 811 to check if testing is recommended.

If you have TWO OR MORE b-list symptoms – Keep your child home. Use the AHS Online Assessment Tool or call Health Link 811 to determine if testing is recommended. Your child can return to school and activities once their symptoms go away as long as it has been at least 24 hours since their symptoms started.

**THEREFORE, I DECLARE:**

That my child \_\_\_\_\_, upon showing symptoms for COVID-19, has completed one of the following requirements for permission to return to school:

1. Completed a COVID-19 test through Alberta Health and has received diagnosis of NEGATIVE for COVID-19;  
OR
2. Completed ten (10) days of self-isolation and is NOT exhibiting any further COVID-19 symptoms.

Declared before me at (City or Town) \_\_\_\_\_,  
Alberta on the

(day) \_\_\_\_\_ day of (month) \_\_\_\_\_,

(year) \_\_\_\_\_.

Principal Name \_\_\_\_\_

Principal Signature \_\_\_\_\_

\_\_\_\_\_  
PARENT / GUARDIAN SIGNATURE