



Sample Attestation Form for Return to Child Care or Camp

August 18, 2020



Child's name: _____

Child's date of birth: _____

Name of child care or camp: _____

Date(s) of absence: _____

Check all symptoms that the child had:

	Symptom	Negative test required if returning before 10 days?
	Cough (new)	A negative test is required to return
	Shortness of breath or difficulty breathing	A negative test is required to return
	New loss of taste or smell	A negative test is required to return
	Fever (temperature higher than 100.4° or feels feverish to the touch)	If the child has two or more of these symptoms, a negative test is required to return If the child has only one of these symptoms, a negative test is <u>not</u> required.
	Chills	
	Muscle or body aches	
	Headache	
	Sore throat	
	Fatigue	
	Congestion or runny nose (new)	
	Nausea or vomiting	
	Diarrhea	

Date that symptoms started: _____

Date that symptoms ended: _____

Did child have a COVID-19 test during this absence?

- No; If no, why not? _____
- Yes

Date of test: _____

Location of test: _____

Test result: _____

Isolation end date: _____

I attest that the student is ready to return to child care/camp and has:

- Not had a fever (temperature higher than 100.4°) in the last 24 hours;
- Not taken any medicine for fever in the last 24 hours; AND
- Improved symptoms and is back to usual health.

Parent/Guardian phone: _____ Date: _____

Parent/Guardian name: _____ Signature: _____