



# ÉCOLE EDINBURGH SCHOOL

500 HUDSON AVENUE, MONTREAL, QC, H4X 1X1 | TEL: (514)486-0981 FAX: (514)486-6846

## COMMITMENT FORM FOR THE RETURN OF A STUDENT TO SCHOOL

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

Student's Name: \_\_\_\_\_ Student's DOB: \_\_\_\_\_  
PLEASE PRINT CLEARLY - LAST NAME, FIRST NAME(S) YYYYY/MM/DD

My child has been absent from school as a result of a suspected or confirmed COVID-19 case or of a moderate risk contact with a COVID-19 case and out of consideration for the health and safety of the students and adults he meets at school, I certify that one of the following reasons allows his/her return:

- my child tested negative for COVID-19 and is no longer showing symptoms (\* and he/she is not in isolation because of a moderate risk contact with a COVID-19 case);
- my child tested positive for COVID-19 and observed the 10 days of isolation prescribed by public health AND has been fever free for the past 48 hours AND symptom free for the past 24 hours (except for residual cough or loss of sense of smell or taste);
- my child has received a diagnosis other than COVID-19 from a healthcare professional which explains the symptoms observed;
- the period of home isolation prescribed by public health has now ended (my child was identified as a moderate risk contact of a confirmed COVID-19 case);
- my child has not been evaluated by a doctor and has not been tested for COVID-19, but has been in isolation at home for a period of 10 days from the onset of its symptoms;
- my child is adequately protected\* and does not have to self-isolate due to a moderate risk contact of a confirmed COVID-19 case;
- my child was in isolation, as prescribed by Public Health, while waiting for COVID-19 test results of a family member who was showing symptoms of COVID-19; those test results were negative, and my child is still not showing any symptoms;
- other reason (specify): \_\_\_\_\_

### Your child is adequately protected if:

- ✓ Your child had COVID-19 less than 6 months ago **OR**
- ✓ Your child received 2 doses of vaccine (last dose was more than 7 days ago) **OR**
- ✓ Your child had COVID-19 more than 6 months ago **AND** received 1 dose of vaccine more than 7 days ago

Upon receipt of this duly completed declaration, the administration of the school will communicate with you prior to re-entry. You must have prior authorization before returning to school.

**N.B. Please understand that every effort is being made to review all return-to-school requests in a timely manner, however it should be noted that authorization may take up to 24h.**

Legal name of parent/guardian signing the declaration: \_\_\_\_\_  
PLEASE PRINT CLEARLY - LAST NAME, FIRST NAME(S)

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

\_\_\_\_\_  
DATE