



École Secondaire LAURIER MACDONALD High School

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Parent Commitment Form for the Return to School

Student Name: _____
(last, first)

My child having been absent from school as a result of a suspected or confirmed COVID-19 contamination and out of consideration for the health and safety of the children and adults he meets in school, I certify that one of the following reasons allows his/her return:

- after 24 hours of observation, my child's symptoms resolved;
- my child tested negative for COVID-19 and is no longer showing symptoms;
- my child tested positive for COVID-19 and observed the 10 days of isolation prescribed by public health;
- 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 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;
- other reason (specify): _____

Parent's name: _____ Parent's Signature: _____



Commission scolaire English-Montréal
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