



MAYNARD PUBLIC SCHOOL

RR 2 Prescott, ON
K0E 1T0
TEL (613) 925-4291



Heidi Linnen-MacDonald, Principal

Friday November 13, 2020.

Dear Families:

As winter approaches, we will continue the amazing work we have begun together to keep our school and communities safe and well. I am reaching out to refer, again, to the “parent resources” from our COVID-19 Management School Toolkit sent home to families on October 16, 2020. The resources sent then, and we refer to now, support families when their child is sick when at home or when their child is sent home with symptoms while at school.

When you complete the daily morning assessment, if the result is to NOT send your child to school, please use the information from the screening process, along with the **Back to School Confirmation Form** to guide your steps. We have included two of these forms with this letter, in case needed. This form can also be found on the Maynard Public School website under “Forms.” Please, let us know at Maynard by phone or notifying us through My Family Room, if your child is ill at home and the symptoms being experienced. Also, let us know, by phone, when your child will be returning and, please send in the Back to School Confirmation Form to your child’s teacher.

If your child is sent home from Maynard with any COVID-19 symptom, a staff member will be supporting their exit and they will review the next steps with you or the caregiver picking up your child. Please, ensure that you contact us at Maynard with an update on the status of your child and the steps followed. **Again, we are asking that when your child is able to return to school, that families connect with us in the Main Office and share the “Back to School Confirmation Form,” and/or a verbal update based on this form, that attests that your child is healthy and able to return to school.**

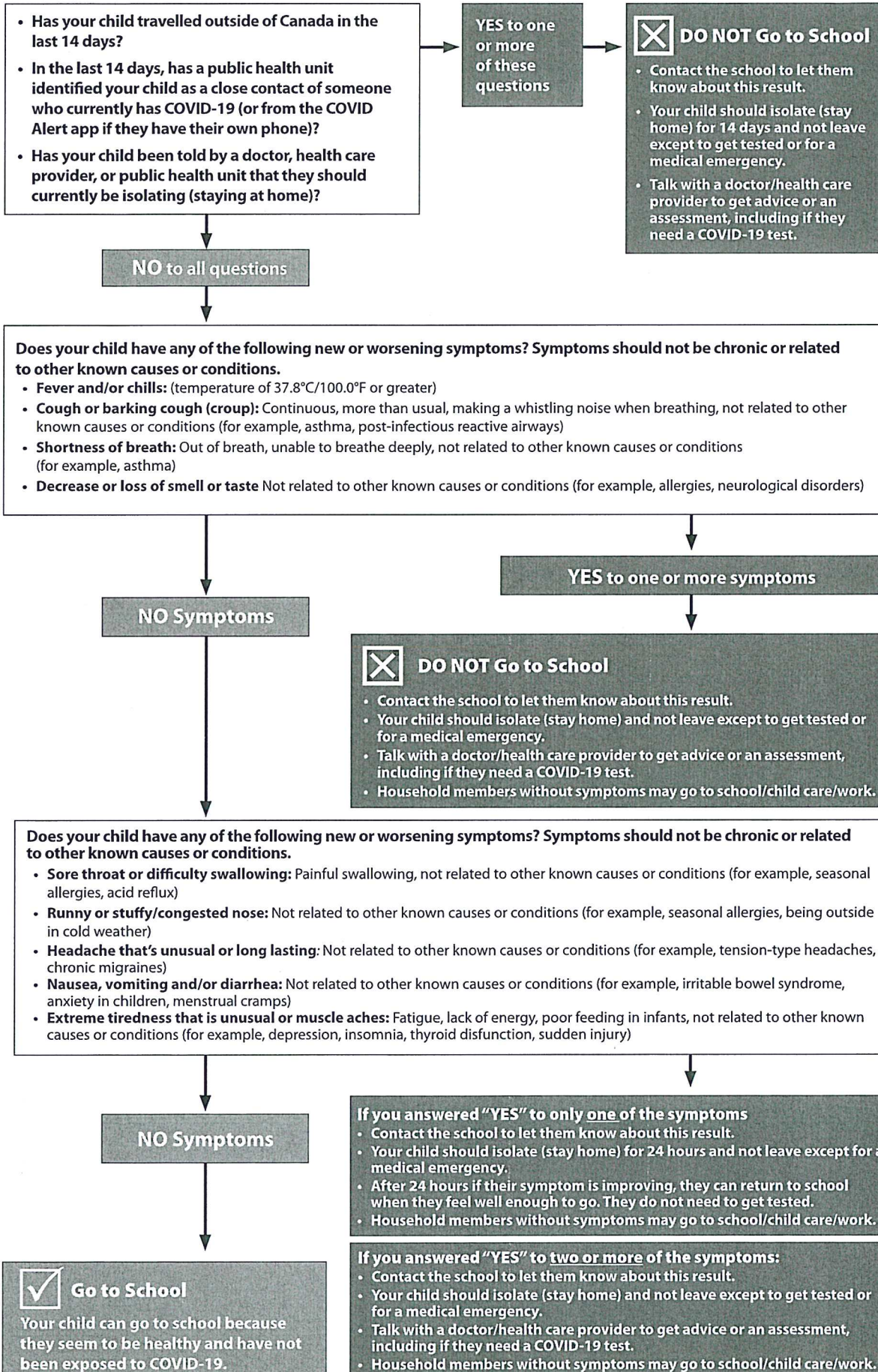
As a reminder, please continue to screen your child daily using the COVID-19 Screening Tool, which is included in this package. You can also do the screening online at <https://covid-19.ontario.ca/self-assessment/>.

Please, do not hesitate to contact us if there is anything we can do to support your family. We know that together we can keep our communities and school safe. Thank you so much for your ongoing support and care as we stay Mustang Strong.

Sincerely,

Heidi Linnen-MacDonald
Principal
Maynard Public School

You must screen for COVID-19 every day before going to school. You can complete this on behalf of your child.



Back to School Confirmation Form

Please complete this form to confirm that your child is healthy and able to return to school. By adding your signature, you are verifying that the information is true. Return the completed form to your child's school principal.

Child's Full Name: _____

My child was sent home from or denied entry to school because of an illness that might be COVID-19 on _____ (date - dd/mm/yyyy).

1. I attest that **(INITIAL ONE)**:

_____ My child was previously seen by a doctor or nurse practitioner and was diagnosed with a chronic condition, such as allergies or asthma, with the exact same symptoms my child has now.

_____ My child was experiencing only ONE of these symptoms: sore throat, stuffy nose/runny nose, headache, nausea/vomiting/diarrhea, fatigue/lethargy/muscle aches/malaise. They stayed home yesterday to be monitored and their symptom has improved.

Note: If your child's symptom has not improved in 24 hours or if your child had more than one symptom, they need to be tested for COVID-19 or stay home and self-isolate for 10 days.

_____ My child was assessed by a doctor or nurse practitioner on _____ (date). The doctor or nurse practitioner told us that a COVID-19 test was not required and another diagnosis (medical reason) other than COVID-19 explains my child's symptoms (why my child was feeling sick).

_____ My child did NOT have a COVID-19 test but completed 10 days of self-isolation from the date when my child started to feel sick.

_____ My child has received a negative COVID-19 test result after starting to feel sick.

_____ My child has received clearance by Public Health to stop isolating following a positive COVID-19 test result or after being a close contact of someone with COVID-19.

2. I also attest that **(MUST INITIAL ALL)**:

_____ My child has NOT been told by Public Health or a healthcare provider to continue to self-isolate.

_____ My child has NOT had a fever in the last 24 hours (without using medication).

_____ It has been at least 24 hours since my child's symptoms started improving (e.g. only occasional clear mucous from nose; no discharge from eyes; coughing does not interfere with activity; no headache; throat not sore with eating or drinking)

_____ My child has signs they are feeling well (e.g. eating, drinking and sleeping well; normal personality; enough energy for daily activities).

_____ My child has completed and passed the COVID-19 School and Child Care Screening.

Based on all the reasons indicated above, I attest that my child may return to school on:

_____ (date - dd/mm/yyyy).

Parent/Guardian Name: _____

Parent/Guardian Signature: _____

1-866-236-0123
www.healthunit.org



BSEO
Bureau de santé
de l'est de l'Ontario

1-800-267-7120
www.eohu.ca

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