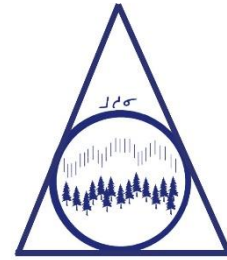


# Return to School for **Students** with Symptoms of COVID-19



Northern Lights Secondary School has implemented a series of strategies to make our school safer for everyone. In following the *Porcupine Health Unit School Protocol for students with COVID-19 Symptoms*, students with symptoms compatible with COVID-19 **must stay home** or **if they become symptomatic at school, they will need to go home immediately.** The parent/guardian should contact **their local public health unit** and the public health unit will recommend one of the following:

- A. Proceed with a COVID-19 test.
- B. Continue to self-monitor as the symptoms are not due to COVID-19.

## A. If a **COVID-19 test** is **recommended**:

- The student must remain in isolation and cannot attend school in person while they are waiting for test results. Siblings and household members may remain at school if they are asymptomatic. The student will continue to self-monitor for symptoms.
- If the **test results** are **negative** for COVID-19:
  - The student can return to school after symptoms have resolved for at least 24 hours.
  - The family will complete the attestation form (on next page) and return it to the school.
- If the **test results** confirm a **positive** case of COVID-19:
  - The student will remain in isolation until ALL three of the following conditions have been met:
    - The student has isolated for 14 days after the onset of symptoms, and
    - The student no longer has a fever, and
    - The student's symptoms have been improving for at least 72 hours (3 days).
  - The family will complete the attestation form (on next page) and return it to the school.
- If the student has been directed to be tested by a healthcare professional **DOES NOT get tested** for COVID-19:
  - The student must self-isolate for 14 days from the onset of symptoms **and** be symptom-free for at least 24 hours before returning to school.
  - The family will complete the attestation form and return it to the school.

**B. If a **COVID-19 test** is **not recommended** by the health care provider or the regional assessment centre or health unit due to a pre-existing condition or alternate diagnosis (such as seasonal allergies or asthma):**

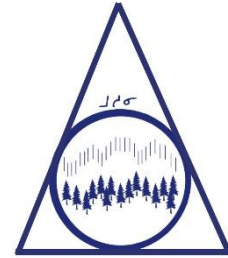
- The student can return to school if the symptoms have been resolved for at least 24 hours.
  - The family will complete the attestation form and return it to the school.

## **Regional Assessment Center Contact Information:**

Porcupine Health Unit:  
Website: [www.porcupinehu.on.ca](http://www.porcupinehu.on.ca)  
Telephone: 705-336-2294

Moose Factory Health Centre:  
Website: [www.facebook.com/Moose-Factory-Health-Centre](https://www.facebook.com/Moose-Factory-Health-Centre)  
Telephone: 705-658-4220

# Student Return to School Attestation Form



Families will advise the school of the return of the student prior to their arrival. Upon arrival the completed Student Return to School Attestation Form must be submitted to school principal.

Student Name	
Parent / Guardian Name (if student is under the age of 18)	

I attest to **ONE** of the following:

- My child has been tested for COVID-19, as directed by a healthcare professional, and test results are **negative**. I am confirming that my child's symptoms have been resolved for at least 24 hours.
- My child has been tested for COVID-19, as directed by a healthcare professional, and test results confirmed a **positive** case of COVID-19. I am confirming that my child has self-isolated for 14 days since the onset of symptoms, and my child no longer has a fever and that my child's symptoms have been improving for at least 72 hours (3 days).
- My child has NOT been tested for COVID-19, despite being advised to do so by a healthcare professional. I am confirming that my child has self-isolated for 14 days since the onset of symptoms, and that my child's symptoms have been resolved for at least 24 hours.
- A health care professional DID NOT recommend a COVID-19 test as my child's symptoms are not related to COVID-19. I am confirming that my child's symptoms have been resolved for at least 24 hours.
- A health care professional DID NOT recommend a COVID-19 test as my child's symptoms are not infectious nor related to COVID-19.

Signature	
Date	

The information collected in this form is for the purpose of ensuring the safety of the school community. The information collected in this form will be kept in accordance with the *Municipal Freedom of Information and Privacy Protection Act*.