

COVID-19

Student caregiver toolkit

Last updated October 13, 2021

Student caregiver toolkit

Important information

Coping with COVID-19 can be stressful for school communities and families. Together we can be resilient and reduce spread.

Use the Return to School form when your child is ready to return to school. If your child has been asked to stay home from school because they are showing symptoms of COVID-19, or due to a potential COVID-19 exposure, here are resources to help you care for them and your household during this period.

1.1 COVID-19 Information sheet for a student with symptoms

2.1 COVID-19 Return to school protocol for students with symptoms

3.1 COVID-19 Return to school form - Students

4.1 COVID-19 Return to school form - Youth and Staff

This resource is also available in French, and can be accessed through our [website](#).

Fully vaccinated individuals, as referenced in this document, are defined as follows:

Your child is fully vaccinated 14 days after receiving the last dose of:

- a Health Canada [approved COVID-19 vaccine](#) (your second dose of a 2-dose vaccine, or a single dose of a 1-dose vaccine) or any combination of these vaccines.

Your child is also considered fully vaccinated 14 days after receiving:

- one or two doses of a COVID-19 vaccine not approved by Health Canada, followed by one dose of a COVID-19 mRNA vaccine approved by Health Canada (e.g., Pfizer or Moderna); or
- three doses of any COVID-19 vaccine not approved by Health Canada.

Note: If your child is exposed to a person with COVID-19, their vaccine last dose must be received 14 days prior to their initial exposure.

Previously positive individuals are defined as follows:

Your child is previously positive if all of the following apply:

- They had COVID-19 within the past 90 days
- They have recovered
- They have completed their isolation period from their initial infection

If your child is immunocompromised, they should continue to follow all standard public health direction (e.g., self-isolate after being exposed to a person who has COVID-19), even if they are fully vaccinated or previously positive. If you have questions, speak to your child's health care provider.

Information sheet for a student with symptoms

Dear Parent/Guardian,

On _____, _____ reported or showed signs of symptoms. These symptoms may be caused by COVID-19.

Student reported or showed signs of:

COVID-19 symptoms	
<input type="checkbox"/> Fever and/or chills (=or>37.8 degrees C)	<input type="checkbox"/> Decrease or loss of smell or taste
<input type="checkbox"/> New or worsening cough or barking cough (croup)	<input type="checkbox"/> Nausea, vomiting and/or diarrhea
<input type="checkbox"/> Shortness of breath/difficulty breathing	

Note: if your child received a COVID-19 vaccination in the last 48 hours and is only experiencing mild headache, fatigue, muscle aches, and/or joint pain that began after vaccination, the child may attend school. If the symptoms worsen, continue past 48 hours, or if they develop other symptoms, follow the instruction below.

What are the next steps?

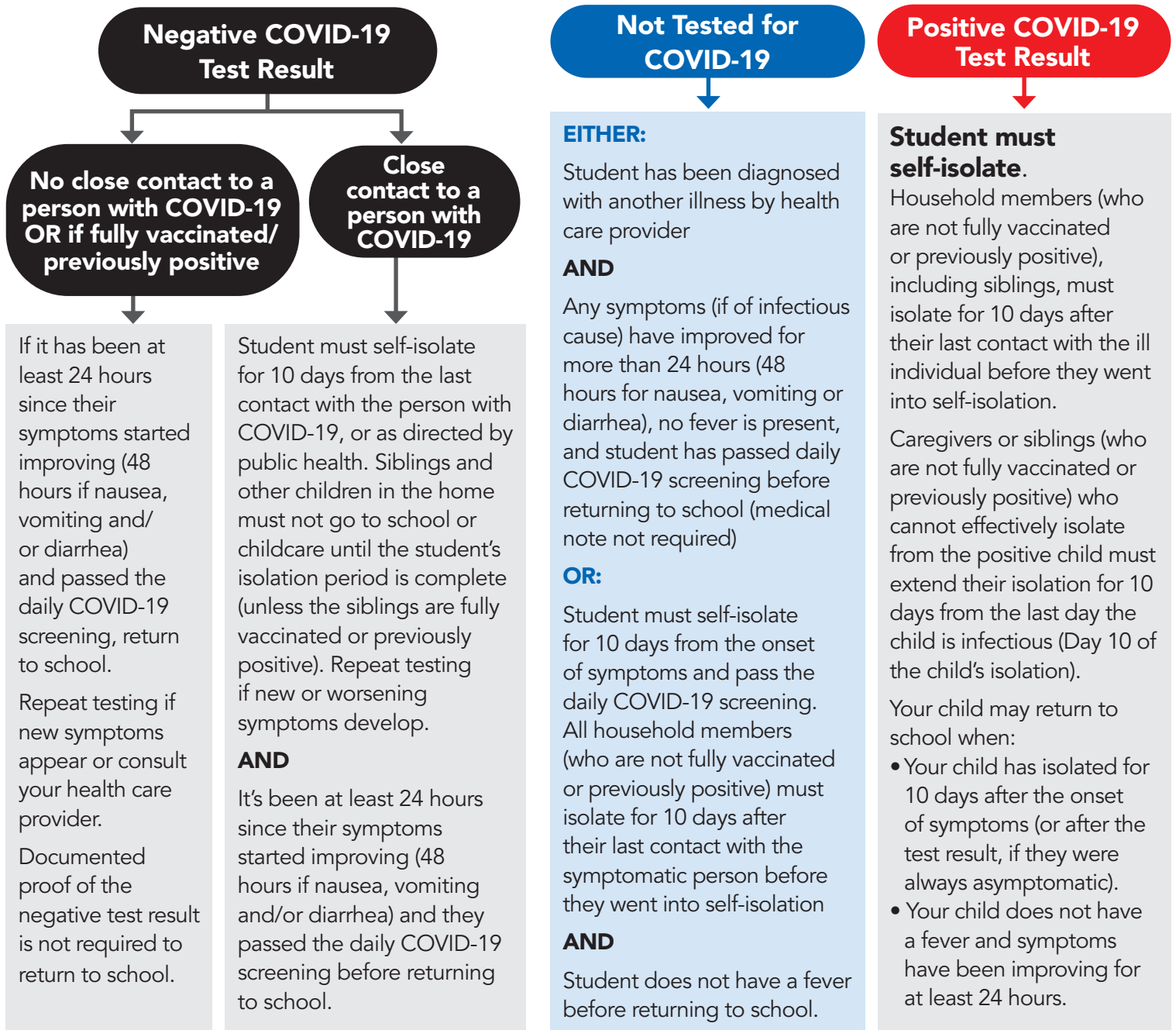
If **any** symptom(s) in the above table were reported:

- Your child should stay home and isolate immediately, and not leave except to get tested or for a medical emergency. The child can isolate with a caregiver to support emotional wellbeing and everyday needs. More information on how to safely co-isolate with your child can be found on the [Peel Public Health website](#).
- If you believe these symptoms to be due to another illness, you must see your health care provider for an assessment of their symptoms. If visiting your health care provider, let them know your child has symptoms consistent with COVID-19 **before** you visit. If your health care provider cannot rule out COVID-19, your child should be tested. Please check the [Peel Public Health website](#) for a testing location close to you.
- While awaiting test results, your child should self-isolate at home by avoiding contact with others (including household members) as much as possible. The child and a caregiver (who is preferably fully vaccinated) can isolate together. As households have the highest risk of transmission from a case, **all household members who are not fully vaccinated or previously positive must self-isolate while awaiting your child's test results. Siblings or other children in the home who are not fully vaccinated or previously positive must not attend school or child care.** Household members should self-monitor for symptoms and arrange to get tested if symptoms develop, even if they are fully vaccinated or previously positive.
- **Important:** Call 911 to take your child to the hospital right away if they show any of the following: fast breathing or trouble breathing, bluish color around the lips or on skin, unable to drink enough fluids or signs of dehydration, unable to wake up or interact, being so irritable that they do not want to be held, persistent fever for 3 days or longer.
- If you have questions, call your health care provider or Telehealth Ontario (1-866-797-0000).
- Please check the [Peel Public Health](#) website to learn more information about self-isolation. You can also [access resources](#) on how to self-isolate or how to care for someone in your household who is self-isolating.

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Return to School Protocol for Students with Symptoms

Once a student/staff displays COVID-19 symptoms, they should get tested or consult their health care provider even if they are fully vaccinated or previously positive. If a symptomatic student is tested for COVID-19 and are awaiting results, they and any household members who are not fully vaccinated or previously positive must self-isolate and cannot attend school, child care or work in-person. Children can self-isolate with a caregiver, in order to support everyday needs and emotional wellbeing.



If you need more information you can go to Peel Public Health's School website at peelregion.ca/coronavirus/schools or call **905-799-7700**.

Return to School Form – Students

When your child is ready to return to school after experiencing symptoms, an exposure to COVID-19, or returning from travel outside of Canada, complete this form and **check off only 1 box**. Return this form to your child's school principal.

Your signature as a parent or guardian of the child, confirms that the information is true. This is important to help decrease the spread of COVID-19 and protect the safety of all staff and students in the school.

Please note: When getting a COVID-19 test, rapid antigen tests (e.g. PanBio™) should not be used for anyone exposed to someone with COVID-19 or anyone who has symptoms as they are less accurate than lab-based tests.

Child's name: _____

My child has tested positive for COVID-19 in the last 90 days

- My child is previously positive** and does not have any new symptoms of COVID-19. My child has self-isolated for 10 days after the start of symptoms or from the date of test (if no symptoms present) and has been cleared by public health to return to school. Any symptoms have improved for more than 24 hours and no fever is present.

My child was ill with symptoms of COVID-19

- My child tested negative for COVID-19 and their symptoms have improved for more than 24 hours (more than 48 hours for nausea, vomiting, diarrhea) and no fever is present.
- A COVID-19 test was not taken, and my child has self-isolated for 10 days after the start of symptoms. Any symptoms have improved for more than 24 hours and no fever is present.
- A COVID-19 test was not taken, and a health care provider had diagnosed another medical condition. Any symptoms (if of infectious cause) have improved for more than 24 hours (48 hours for nausea, vomiting or diarrhea) and no fever is present.

Someone in my household was ill with symptoms of COVID-19

- My child was fully vaccinated* against COVID-19, or previously positive**, before my household member became symptomatic. My child does not have any symptoms and is not immunocompromised.
- My household member has tested negative for COVID-19.
- My household member did not get tested for COVID-19, and my child has self-isolated for 10 days since the last date of exposure to them. My child has had no symptoms in the past 10 days.
- My household member did not get tested and a health care provider had diagnosed another medical condition.

My child is a close contact of someone who tested positive for COVID-19

- My child was fully vaccinated* against COVID-19, or previously positive**, before their exposure to someone with COVID-19. My child does not have any symptoms and is not immunocompromised.
- A COVID-19 test was taken and my child has tested negative. My child has self-isolated for 10 days since the last date of exposure. My child is well and has had no symptoms in the past 10 days.
- A COVID-19 test was not taken. My child has self-isolated for 10 days since the last date of exposure. My child is well and has had no symptoms in the past 10 days.

My child's sibling was dismissed from school as a close contact of a person with COVID-19

- My child was fully vaccinated* against COVID-19, or previously positive**, before their sibling was dismissed. My child has not had any symptoms in the last 10 days and is not immunocompromised.
- My child stayed home for their sibling's dismissal period. Nobody in my household has any symptoms and my child has not had any symptoms in the last 10 days.

My child recently travelled outside of Canada

- My child was fully vaccinated* against COVID-19 prior to their entry into Canada. My child is well, has no symptoms and is not immunocompromised.
- My child has returned from travel outside of Canada. My child stayed home and completed the mandatory federal requirements to stay home from school for 14 days after travel. My child is well and has no symptoms. (Refer to more information on federal quarantine requirements – [unvaccinated children under 12](#) and [unvaccinated youth 12-17](#)).

*Your child is **fully vaccinated** if:

It has been 14 days after your child received the last dose of a Health Canada [approved COVID-19 vaccine](#) (the second dose of a 2-dose vaccine, or a single dose of a 1-dose vaccine) or any combination of these vaccines.

Your child is also considered fully vaccinated if it has been 14 days after you received:

- 1 or 2 doses of a COVID-19 vaccine not approved by Health Canada, followed by 1 dose of a COVID-19 mRNA vaccine approved by Health Canada (e.g., Pfizer or Moderna) or
- 3 doses of any COVID-19 vaccine not approved by Health Canada.

Note: If your child is exposed to a person with COVID-19, your child's last dose must be received 14 days prior to their initial exposure.

Your child is **previously positive if:

They had COVID-19 within the past 90 days; they have recovered; and they have completed the isolation period from their initial infection.

If your child is immunocompromised, they should continue to isolate after a COVID-19 exposure even if they are fully vaccinated or previously positive.

In addition to the checked box above, I confirm that my child has also passed the [COVID-19 Screening tool](#) and has followed any applicable public health direction.

Parent/Guardian Name: _____

Signature: _____ Date: _____

The information in this document is current as of September 15, 2021

For more information visit peelregion.ca/coronavirus/schools



Return to School Form – Youth and Staff

When you are ready to return to school after experiencing symptoms, an exposure to COVID-19, or returning from travel outside of Canada, complete this form and **check off only 1 box**. Return this form to your school principal.

Your signature confirms that the information is true. This is important to help decrease the spread of COVID-19 and protect the safety of all staff and students in the school.

Please note: When getting a COVID-19 test, rapid antigen tests (e.g. PanBio™) should not be used for anyone exposed to someone with COVID-19 or anyone who has symptoms as they are less accurate than lab-based tests.

Name: _____

I tested positive for COVID-19 in the last 90 days

- I am previously positive** and do not have any new symptoms of COVID-19. I have self-isolated for 10 days after the start of symptoms or from the date of test (if no symptoms present) and have been cleared by public health to return to school. Any symptoms have improved for more than 24 hours and no fever is present.

I was ill with symptoms of COVID-19

- I tested negative for COVID-19 and my symptoms have improved for more than 24 hours (more than 48 hours for nausea, vomiting or diarrhea) and no fever is present.
- A COVID-19 test was not taken, and I have self-isolated for 10 days after the start of symptoms. Any symptoms have improved for more than 24 hours and no fever is present.
- A COVID-19 test was not taken, and a health care provider has diagnosed another medical condition. Any symptoms (if of infectious cause) have improved for more than 24 hours (48 hours for nausea, vomiting or diarrhea) and no fever is present.

Someone in my household was ill with symptoms of COVID-19

- I was fully vaccinated* against COVID-19, or previously positive**, before my household member became symptomatic. I do not have any symptoms and am not immunocompromised.
- My household member has tested negative for COVID-19.
- My household member did not get tested for COVID-19, and I have self-isolated for 10 days since the last date of exposure to them. I have had no symptoms in the past 10 days.
- My household member did not get tested and a health care provider had diagnosed another medical condition.

I am a close contact of a person with COVID-19

- I was fully vaccinated* against COVID-19, or previously positive**, before my exposure to someone with COVID-19. I have not had any symptoms in the last 10 days, and I am not immunocompromised.
- A COVID-19 test was taken and I have tested negative. I have self-isolated for 10 days since the last date of exposure. I am well and have had no symptoms in the past 10 days.
- A COVID-19 test was not taken. I have self-isolated for 10 days since the last date of exposure. I am well and have had no symptoms in the past 10 days.

My sibling was dismissed from school as a close contact of a person with COVID-19

- I was fully vaccinated* against COVID-19, or previously positive**, before my sibling was dismissed. I have not had any symptoms in the last 10 days and I am not immunocompromised.
- I stayed home for my sibling's dismissal period. Nobody in my household has any symptoms and I have not had any symptoms in the last 10 days.

I recently travelled outside of Canada

- I was fully vaccinated* against COVID-19 prior to my entry into Canada. I am well, have no symptoms and am not immunocompromised.
- I have stayed home and completed the mandatory federal requirements to stay home from school for 14 days after travel. I am well and have no symptoms. (Refer to more information on federal quarantine requirements – [unvaccinated children under 12](#) and [unvaccinated youth 12-17](#)).

*You are **fully vaccinated** if:

It has been 14 days after you received the last dose of a Health Canada [approved COVID-19 vaccine](#) (your second dose of a 2-dose vaccine, or a single dose of a 1-dose vaccine) or any combination of these vaccines.

You're also considered fully vaccinated if it has been 14 days after you received:

- 1 or 2 doses of a COVID-19 vaccine not approved by Health Canada, followed by 1 dose of a COVID-19 mRNA vaccine approved by Health Canada (e.g., Pfizer or Moderna) or
- 3 doses of any COVID-19 vaccine not approved by Health Canada.

Note: If you are exposed to a person with COVID-19, your last dose must be received 14 days prior to your initial exposure.

You are **previously positive if:

You had COVID-19 within the past 90 days; you have recovered; and you have completed the isolation period from their initial infection.

If you are immunocompromised, you should continue to self-isolate after a COVID-19 exposure even if you are fully vaccinated or previously positive.

In addition to the checked box above, I confirm that I have also passed the [COVID-19 Screening tool](#) and have followed any applicable public health direction.

Name: _____

Signature: _____ Date: _____