

# Back to Hockey - Confirmation Form

(for children under the age of 18)

Please check only one box to confirm that your child is healthy and able to return to hockey activities. By signing this form, you are verifying that the information is true.

Child's Name: \_\_\_\_\_

## My child was ill/absent:

- They have completed their required self-isolation period based on their symptoms or test result(s). They do not have a fever (without the use of medication) and their symptoms have been improving for at least 24 hours (48 hours for nausea, vomiting, diarrhea).
- A health care provider confirmed that they do not have COVID-19 and has diagnosed a condition that is not related to COVID-19. Their symptoms have been improving for more than 24 hours (48 hours for nausea, vomiting, diarrhea).
- They only had **one** of the following symptoms: sore throat, headache, feeling very tired, runny nose/nasal congestion, muscle aches/joint pain, nausea/vomiting/diarrhea or they were generally unwell. Their symptom has been improving for more than 24 hours (48 hours for nausea, vomiting, diarrhea).

## Someone in my household (e.g.: parent, sibling) was ill with symptoms of COVID-19 or has tested positive for COVID-19:

- My child stayed home for the duration of the household member's isolation period. My child can now return to hockey activities.

## Close contact of someone outside of my child's household who tested positive for COVID-19/had symptoms of COVID-19:

- My child was a close contact of someone who had symptoms/tested positive for COVID-19 and has completed their required days of self-isolation. My child is well with no symptoms.

## Recent travel outside of Canada:

- My child has returned from travel outside of Canada and has followed [federal requirements for travellers for quarantine and testing after returning from international travel](#). They are well with no symptoms.

Date(s) of COVID-19 test(s) (if applicable): \_\_\_\_\_ (day/ month/ year)

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*(for children under the age of 18)*

I declare that my child is well, and is able to return to hockey activities based on [Screening for Patrons](#).

Parent/Guardian Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_ (day/ month/ year)

Return the completed form to your Organization Safety Rep.

*Please note: It is up to each Organization Safety Rep to decide if they choose to accept and use this form.*