



**BROOKWOOD SCHOOL
DECLARATION OF NEGATIVE FOR COVID-19 (STUDENT)**

PROVINCE OF ALBERTA, CANADA

I _____, **ACKNOWLEDGE THE FOLLOWING:**

Under the direction of the Chief Medical Officer of Health for the Province of Alberta:

1. Any person with COVID-19 related symptoms must stay home, seek health care advice as appropriate, and fill out the AHS Online Self-Assessment tool to determine if they should be tested.
2. A ten (10) day self-isolation period is required from the time of the appearance of symptoms.
3. Individuals **WILL NOT** be permitted to access the school **WITHOUT** the following:
 - a. Ten (10) days of self-isolation leading to the elimination of any COVID-19 symptoms, or
 - b. A COVID-19 test result that indicates that the individual is **NEGATIVE** for COVID-19.

THEREFORE, I DECLARE:

That my child _____, upon showing symptoms for COVID-19, has completed one of the following requirements for permission to return to school:

1. Completed a COVID-19 test through Alberta Health and has received diagnosis of **NEGATIVE** for COVID-19;
OR
2. Completed ten (10) days of self-isolation and is **NOT** exhibiting any further COVID-19 symptoms.

Declared before me at Brookwood School,

Alberta on the (day) _____ day of (month) _____,

(year) _____.

Signature _____

Karen Stride-Goudie
Principal: Brookwood School

PARENT / GUARDIAN SIGNATURE