

Back to Soccer Confirmation Form

Please check only one box to confirm that your child is able to return to child care/school. By signing this form, you are verifying that the information is true.

Player Name: _____

My child was ill:

- My child tested negative for COVID-19 and their symptoms have improved for more than 24 hours (48 hours for nausea, vomiting, diarrhea).
- My child did not get tested for COVID-19, but has completed 10 days of self-isolation from when the symptom(s) started. My child does 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).
- My child tested positive for COVID-19 and has completed 10 days of self-isolation from when the symptom(s) started (or the test was done). My child was not hospitalized. My child does not have a fever (without the use of medication), and their symptoms are improving.
- A health care provider confirmed that my child does 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).
- My child is not sick and does not have any symptoms of illness, including no symptoms of a respiratory infection.

Someone in my household (e.g. parent, sibling) was ill with symptoms of COVID-19:

- The household member tested negative for COVID-19, and my child (name listed above) can return to school now.
- The household member had a health care provider confirm that they do not have COVID-19 and they have diagnosed a condition that is not related to COVID-19. Their symptoms have been improving for more than 24 hours. My child (name listed above) can return to school now.
- The household member did not get tested for COVID-19, but my child (name listed above) completed 10 days of self-isolation. My child is well with no symptoms.

Close contact of someone who tested positive for COVID-19:

- My child was a close contact of someone who tested positive for COVID-19 and has completed 10 days of self-isolation. My child is well with no symptoms.
- My child was a close contact of someone who tested positive for COVID-19. My child is fully vaccinated*. My child is well with no symptoms
- My child was a close contact of someone who tested positive for COVID-19. My child has tested positive for COVID-19 in the last 90 days and has been cleared. My child is well with no symptoms

Recent travel outside of Canada:

- My child has returned from travel outside of Canada. My child stayed home for the 14 day travel quarantine period and completed testing if required. My child is well with no symptoms.
- My child has returned home from travel outside of Canada. My child was fully vaccinated* prior to their entry into Canada and has completed testing if required. My child is well with no symptoms.

Date of COVID-19 test *(if applicable)*: _____ *(day/ month/ year)*

I declare that my child is well, and is able to return to soccer.

Parent/Guardian Name: _____

Signature: _____ Date: _____ *(day/ month/ year)*

*Fully vaccinated means 14 days or more after getting a second dose of a two dose COVID-19 vaccine series or one dose of a single dose series.

Return the completed form to your child's Coach/Team Manager or Club director.

