

Symptoms—Early Return Certification

My household has been excluded from the center for ten (10) days due to the presence of COVID-like **SYMPTOMS** and has met the following conditions for an earlier return.

Returning after Symptoms:



Negative Antigen Certification:

Symptom Onset Date: _____ (The symptom onset date = day “0”)

Date antigen test taken: _____ (Must be day “two” or later)

The symptomatic individual(s):

- Tested with an antigen test on **day two or later** and at least 48 hours after symptom onset
- Received negative results

For Children Under Two: Because there are no FDA Approved at-home tests available for children under two, children under two must be tested by a medical provider/technician.



Test completed by Medical Provider/Technician:

My returning child is under two and I have provided proof of a negative test result which was completed by a medical provider/technician to center administrators.

ALL CLEARANCES ARE SUBJECT TO REVIEW AND APPROVAL.

TO EXPEDITE MY CLEARANCE I WILL PROVIDE ALL DOCUMENTATION IN A TIMELY MANNER AND **I WILL WAIT TO RECEIVE CONFIRMATION THAT MY CHILD HAS BEEN CLEARED BEFORE ARRIVING AT THE CENTER.**

ALL RETURNS ARE SUBJECT TO MY HOUSEHOLD BEING FEVER FREE FOR 24 HOURS (WITHOUT THE USE OF FEVER- REDUCERS), SYMPTOMS IMPROVING, AND MEETING ANY APPLICABLE RETURN CRITERIA UNDER BRIGHT HORIZONS (NON- COVID) ILLNESS POLICY. ADDITIONAL LOCAL REGULATIONS MAY APPLY.

I CONFIRM MY HOUSEHOLD MEETS THE CONDITIONS INDICATED ABOVE AND UNDERSTAND BRIGHT HORIZONS WILL RELY ON MY STATEMENT TO ALLOW MY HOUSEHOLD TO RETURN TO THE CHILD CARE CENTER.

Name of Children (if applicable):

Parent/Staff Name:

Signature:

Date:
