

## Early Return Certification

My child has been excluded from the center for ten (10) days due to COVID-19 symptoms, a COVID-19 exposure, or a positive case of COVID-19. In order to allow my child to return earlier, I am confirming that my child has met the following conditions. (Please check the box that corresponds with your situation.)

### Returning after Symptoms:

- ☐ Negative COVID-19 Test Certification:
- Symptom Onset Date: \_\_\_\_\_ (Symptom Onset Date is day "0")
  - Date test taken: \_\_\_\_\_ (must be day "2" or later; may be PCR or antigen test)
  - My child tested negative on day 2 or later, and at least 48 hours, after my child's onset of symptom(s).

### Returning after Exposure:

- ☐ Negative COVID-19 Test Certification:
- My child was last exposed on: \_\_\_\_\_ (this is day "0")
  - I was notified of the exposure on: \_\_\_\_\_ (this is the "Notice Date")

**On the Notice Date**, my child tested negative (PCR or antigen) for COVID-19 and was symptom-free.

Parent Name	Parent Signature	Date Signed

**On or after day 5**, my child tested negative (PCR or antigen) for COVID-19 and was symptom-free.

Parent Name	Parent Signature	Date Signed

### Returning after Positive:

- ☐ Negative COVID-19 Test (on or after Day 5) - antigen test preferred:
- On or after day 5, my child tested negative for COVID-19
  - My child has been fever free for at least 24 hours (without fever-reducers)
  - My child's symptoms have been improving

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.**

I UNDERSTAND THAT MY CHILD MUST BE FEVER-FREE FOR 24 HOURS (WITHOUT THE USE OF FEVER-REDUCERS), WITH SYMPTOMS IMPROVING, AND MEET ANY APPLICABLE RETURN CRITERIA UNDER BRIGHT HORIZONS ILLNESS POLICY BEFORE MY CHILD CAN RETURN TO THE CENTER. I UNDERSTAND BRIGHT HORIZONS WILL RELY ON THIS CONFIRMATION TO ALLOW MY CHILD TO RETURN TO THE CENTER. ADDITIONAL LOCAL REQUIREMENTS MAY APPLY.

Name of Children (if applicable):

Parent Name:

Signature:

Date:
