

# In-person Summer Day Camp Registration Form



ROUGE VALLEY CONSERVATION CENTRE  
**ROUGE VALLEY FOUNDATION**  
1749 Meadowvale Road, Toronto, ON M1B 5W8  
416-282-8265 | info@rvcc.ca | www.rvcc.ca

To register, please fill out this form completely and...

Email your completed form to [education@rvcc.ca](mailto:education@rvcc.ca) Payment can be made by e-transfer to [info@rvcc.ca](mailto:info@rvcc.ca)

OR

Mail your completed form and cheque to Rouge Valley Conservation Centre, 1749 Meadowvale Road, Toronto, Ontario M1B 5W8. Cheques should be made payable to "Rouge Valley Foundation".

## 1ST CHILD'S INFORMATION:

Last Name: \_\_\_\_\_

First Name: \_\_\_\_\_

Birthdate: \_\_\_\_\_

Male  Female  Other

I am registering my child for the following in-person camp week(s) :

July 4 - 8  July 11 - 15  July 18 - 22  July 25 - 29

Aug 2 - 5  Aug 8 - 12  Aug 15 - 19

## 2ND CHILD'S INFORMATION:

Last Name: \_\_\_\_\_

First Name: \_\_\_\_\_

Birthdate: \_\_\_\_\_

Male  Female  Other

I am registering my child for the following in-person camp week(s) :

July 4 - 8  July 11 - 15  July 18 - 22  July 25 - 29

Aug 2 - 5  Aug 8 - 12  Aug 15 - 19

## MEDICAL INFORMATION:

Family Doctor:

\_\_\_\_\_

Phone #:

\_\_\_\_\_

## 1ST CHILD'S INFORMATION:

Medical Restrictions:

\_\_\_\_\_

Allergies or Dietary Restrictions:

\_\_\_\_\_

Activity Restrictions:

\_\_\_\_\_

Other relevant information:

\_\_\_\_\_

## 2ND CHILD'S INFORMATION:

Medical Restrictions:

\_\_\_\_\_

Allergies or Dietary Restrictions:

\_\_\_\_\_

Activity Restrictions:

\_\_\_\_\_

Other relevant information:

\_\_\_\_\_

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## DROP OFF AND PICK UP:

Extended care required?:  Yes  No

**Additional fee of \$50/week or \$10/day.** Hours are strictly enforced. You must register for extended hours prior to start of camp, if required. If additional time is required, please call 416-282-8265 or email education@rvcc.ca to discuss.

If yes, which days and times?:

<input type="checkbox"/> Monday	<input type="checkbox"/> 8:30 a.m. - 9:00 a.m.	<input type="checkbox"/> 4:00 p.m. - 4:30 p.m.
<input type="checkbox"/> Tuesday	<input type="checkbox"/> 8:30 a.m. - 9:00 a.m.	<input type="checkbox"/> 4:00 p.m. - 4:30 p.m.
<input type="checkbox"/> Wednesday	<input type="checkbox"/> 8:30 a.m. - 9:00 a.m.	<input type="checkbox"/> 4:00 p.m. - 4:30 p.m.
<input type="checkbox"/> Thursday	<input type="checkbox"/> 8:30 a.m. - 9:00 a.m.	<input type="checkbox"/> 4:00 p.m. - 4:30 p.m.
<input type="checkbox"/> Friday	<input type="checkbox"/> 8:30 a.m. - 9:00 a.m.	<input type="checkbox"/> 4:00 p.m. - 4:30 p.m.

## Persons authorized to pick up and/or drop off camper:

Full Name:

Full Name:

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Phone #:

Phone #:

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Relationship to camper:

Relationship to camper:

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## METHOD OF PAYMENT:

Method of Payment:

- e-transfer** (email e-transfer to info@rvcc.ca; make sure to email any passwords that may be required in order to deposit funds)
- Cheque** (Please make your cheque payable to "Rouge Valley Foundation")

**A 50% downpayment is required with your registration. The balance is due on your child's first day at camp.**

**Cost:** \$350/child/week

**Amount Paid:** \_\_\_\_\_

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## FAMILY INFORMATION:

This section must be COMPLETED IN FULL with your current information. If your information changes during the program, please provide your updated information to us in writing by email at [education@rvcc.ca](mailto:education@rvcc.ca)

Parents  Guardians

Parent/Guardian 1:  Mr.  Mrs.  Ms.  Dr.

Last Name:

\_\_\_\_\_

First Name:

\_\_\_\_\_

Home Phone:

\_\_\_\_\_

Work Phone:

\_\_\_\_\_

Cell Phone:

\_\_\_\_\_

Email:

\_\_\_\_\_

Address:  Family  Parent 1  Parent 2

Street: \_\_\_\_\_

City: \_\_\_\_\_ Postal Code: \_\_\_\_\_

## EMERGENCY CONTACTS:

Full Name:

\_\_\_\_\_

Phone #:

\_\_\_\_\_

Relationship to child(ren):

\_\_\_\_\_

Full Name:

\_\_\_\_\_

Phone #:

\_\_\_\_\_

Relationship to child(ren):

\_\_\_\_\_

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## COVID-19 PROGRAM GUIDELINES

To help reduce the spread of COVID-19 we are following public health measures and have created the following guidelines and ask that all participants please adhere to them. Although we are making efforts to increase health and safety we cannot guarantee that participants will not contract COVID-19 while at our programs. If you have any questions or concerns, please contact us at 416-282-8265 or education@rvcc.ca. Please note that these guidelines may change as we will review them again closer to the start of camp.

### Participant Health Screening

Parents are asked to pre-screen themselves and their children for COVID-19 symptoms before leaving home. **Go to <https://covid-19.ontario.ca/school-screening/>** and complete the online screening and email your results to us at **info@rvcc.ca** before you leave home. A printed copy of the assessment survey created by the Government of Ontario is attached for your reference. If you, your child or anyone in your household is sick, we ask that you remain at home and call us at 416-282-8265 to notify us. Staff will screen each participant before every program, upon arrival. **Names and contact information for all participants must be accurate and up to date.** If your child becomes sick or is feeling ill during camp, parents must pick up their child within one hour of being notified.

### Wearing Masks During Program

While our program will take place outside, participants of all ages (parents/caregivers and children) will be asked to wear a mask when physical distancing of 2m is difficult or if you have to go indoors. It is a good idea to bring extra masks in case one gets lost, dirty or wet during the program. While indoors, plastic face shields are not an acceptable substitute but can be used in addition to a face mask.

### Participant Code of Conduct

Each participant will be asked to agree to a code of conduct while at the program, including physical distancing, respiratory etiquette (cover your cough/sneeze) and frequent handwashing/hand sanitizing.

### Parent/Caregiver Drop off and Pick up

One adult (parent, grandparent, caregiver) must accompany each child to the designated sign in (drop off) and sign out (pick up) areas when dropping off or picking up a child. At this area parents/caregivers will complete the COVID screening questions with their child and drop off lunches and bags. If all staff are busy when you arrive, please stay by your car until a staff person becomes available so that we can avoid crowding. Children will be accompanied to and from their cohort by a staff person.

### Acceptance and Agreement

I/We acknowledge having read, understood, and agreed to all of the guidelines herein. I/We further acknowledge that I/we am/are agreeing to the terms of this document freely and voluntarily.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name of Child 1 (please print)

\_\_\_\_\_  
Name of Child 2 (please print)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name of Parent/Guardian (please print)

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name of Witness (please print)

\_\_\_\_\_  
Signature of Witness

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I/we hereby apply for registration for the herein named child(ren) for the camp weeks indicated in this application. In consideration of acceptance of this application by Rouge Valley Foundation, I/we hereby agree as follows:

- a. I/we agree to allow my/our child(ren) to participate in all camp activities and in any supervised trips to places not on the camp property (e.g. hiking trails, stream, etc.).
- b. that the directors of the Rouge Valley Conservation Centre Summer Camp reserve the right to terminate the registration of any campers when it is deemed by the directors to be in the best interest of the child or the camp. In such an event it is understood a proportionate refund will be made.
- c. to pay 50% upon registration of my child and the balance on the first day of the program. NSF cheques are subject to \$30 service charge and certified funds will be required.
- d. to give camp officials authority to act on my behalf in case of emergency.
- e. to release and indemnify Rouge Valley Foundation and Rouge Valley Conservation Centre Summer Camp from any and all claims for losses or articles and damages arising as a result of any accident, injury or otherwise sustained by the herein named child(ren) arising from participation in any camp activities.
- f. to consent to the use by Rouge Valley Foundation and Rouge Valley Conservation Centre Summer Camp of the camper's likeness for publicity purposes, including website. No camper names will be used in conjunction with the photos.

\_\_\_\_\_  
Date                      Name of Child 1 (please print)                      Name of Child 2 (please print)

\_\_\_\_\_  
Date                      Name of Parent/Guardian (please print)                      Signature of Parent/Guardian

\_\_\_\_\_  
Date                      Name of Witness (please print)                      Signature of Witness

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## ROUGE VALLEY FOUNDATION WAIVER OF CLAIMS AND IDEMUNITY Rouge Valley Conservation Centre Summer Day Camp

In consideration of the acceptance of my child's application and permission to participate in the Rouge Valley Conservation Centre's Summer Day Camp, known hereafter as the RVCC Summer Day Camp, I for myself, my heirs, executors, administrators, successors and assigns hereby release, waiver and forever discharge the Rouge Valley Foundation, and all their employees, agents, servants and contractors and all other associations, sanctioning bodies and sponsoring companies, and elected and appointed officials, successors and assigns, of and from all claims, demands, damages, costs, expenses, actions and causes of action, whether in law or equity, in respect of death, injury, loss, damage, to my person or property however caused, arising or to arise by reason of my child's participation in the said RVCC Summer Day Camp, whether as spectator, participant, or otherwise; whether prior to, during or subsequent to his/her participation in the RVCC Summer Day Camp and notwithstanding that the same may have been contributed to or occasioned by the negligence of the aforesaid.

I further hereby undertake to hold and save harmless, and agree to indemnify all of the aforesaid from and against any and all liability incurred by any or all of them arising as a result of, or in any way connected with my child's participation in the said RVCC Summer Day Camp.

I acknowledge and have read, understood and agree to the above Waiver, Release and Indemnity. I warrant that my child is physically fit to participate in the RVCC Summer Day Camp, and I hereby understand that he/she will follow the rules and regulations as set out by the organizers of the RVCC Summer Day Camp, and that by not adhering to the rules and regulations, he/she may not only endanger himself/herself, but permission may or will be revoked and he/she will be asked to leave the premises.

IN WITNESS WHEREOF, this waiver and indemnity has been duly executed at

\_\_\_\_\_ on this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.  
(city, town) (day of month) (month) (year)

\_\_\_\_\_  
Date Name of Child 1 (please print)

\_\_\_\_\_  
Name of Child 2 (please print)

\_\_\_\_\_  
Date Name of Parent/Guardian (please print)

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date Name of Witness (please print)

\_\_\_\_\_  
Signature of Witness

# COVID-19 screening tool for schools and child care settings

Version 4.6: March 21, 2022

Staff, students, children, and visitors should screen for COVID-19 every day before going to school or child care. Parent(s)/guardian(s) can fill this out on behalf of a child/student.

Date (mm-dd-yyyy) \_\_\_\_\_

## Screening questions

**NOTE: When the option of [5, 10] days is listed:**

- Use 5 days if you are fully vaccinated AND/OR 11 years old or younger
- Use 10 days if you are 12 years old or older and not fully vaccinated OR if you are immunocompromised, OR if you attend or work at a school or student lodging in a highest risk congregate care setting (e.g. a hospital school, or an Education and Community Partnership Program).

### 1. In the last [5, 10] days have you experienced any of these symptoms?

Anyone who is sick or has any new or worsening symptoms of illness, including those not listed below, should stay home until their symptoms are improving for 24 hours (or 48 hours for nausea, vomiting, and/or diarrhea) and should seek assessment from their health care provider if needed.

You may select "No" to all symptoms if **all** of these apply:

- You have completed your isolation of [5/10] days OR you tested negative for COVID-19 on one PCR test or rapid molecular test, or two rapid antigen tests taken 24 to 48 hours apart AND
- You do not have a fever AND
- Your symptoms have been improving for 24 hours (48 hours if you have nausea, vomiting, and/or diarrhea).

Choose any/all that are new, worsening, and not related to other known causes or conditions you already have.

<b>Fever and/or chills</b> Temperature of 37.8 degrees Celsius/100 degrees Fahrenheit or higher and/or chills	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Cough or barking cough (croup)</b> Continuous, more than usual, making a whistling noise when breathing (not related to asthma, post-infectious reactive airways, or other known causes or conditions they already have)	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Shortness of breath</b> Out of breath, unable to breathe deeply (not related to asthma or other known causes or conditions they already have)	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Decrease or loss of taste or smell</b> Not related to seasonal allergies, neurological disorders, or other known causes or conditions they already have	<input type="checkbox"/> Yes <input type="checkbox"/> No

**2. In the last [5, 10] days have you experienced any of these symptoms?**

If you only had **one** of these symptoms, you may select "No" if your symptom has been improving for 24 hours (48 hours if you have nausea, vomiting, and/or diarrhea).

If you had **two or more** of these symptoms, you may select "No" if all of these apply:

- You have completed your isolation of [5/10] days OR you tested negative for COVID-19 on one PCR test or rapid molecular test, or two rapid antigen tests taken 24 to 48 hours apart AND
- You do not have a fever AND
- Your symptoms have been improving for 24 hours (48 hours if you have nausea, vomiting, and/or diarrhea).

Choose any/all that are new, worsening, and not related to other known causes or conditions you already have.

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**Sore throat or difficulty swallowing**  Yes  No

Painful swallowing (not related to seasonal allergies, acid reflux, or other known causes or conditions you already have)

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**Runny or stuffy/congested nose**  Yes  No

Not related to seasonal allergies, being outside in cold weather, or other known causes or conditions you already have

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**Headache**  Yes  No

Unusual, long-lasting (not related to tension-type headaches, chronic migraines, or other known causes or conditions you already have)

If you received a COVID-19 and/or flu vaccination in the last 48 hours and are experiencing a mild headache that only began after vaccination, select "No."

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**Extreme tiredness**  Yes  No

Unusual, fatigue, lack of energy (not related to depression, insomnia, thyroid dysfunction, sudden injury, or other known causes or conditions you already have)

If you received a COVID-19 and/or flu vaccination in the last 48 hours and are experiencing mild fatigue that only began after vaccination, select "No."

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**Muscle aches or joint pain**  Yes  No

If you received a COVID-19 and/or flu vaccination in the last 48 hours and are experiencing mild muscle aches/joint pain that only began after vaccination, select "No."

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**Nausea, vomiting and/or diarrhea**  Yes  No

Not related to irritable bowel syndrome, anxiety, menstrual cramps, or other known causes or conditions they already have

---

**3. In the last [5, 10] days have you tested positive for COVID-19?**  Yes  No

This includes a positive COVID-19 test result on a lab-based PCR test, rapid molecular test, rapid antigen test or home-based self-testing kit.

Select "No" if you have already completed your isolation period of [5, 10] days because your symptoms started before your positive test result AND:

- your symptoms have been improving for 24 hours (48 for nausea, vomiting, and/or diarrhea) AND
- you do not have a fever



**4. Do any of the following apply?**

Yes  No

- You live with someone who is currently isolating because of a positive COVID-19 test
- You live with someone who is currently isolating because of COVID-19 **symptoms** (any one or more symptoms from question 1 above or any two or more symptoms from question 2 above)
- You live with someone who is isolating while waiting for COVID-19 test results

Select "No" if you:

- are 18 years of age or older and have received your booster OR
- are 17 years of age or younger and are fully vaccinated OR
- completed your isolation after testing positive in the last 90 days (using a rapid antigen, rapid molecular, or PCR test).

Select "No" if your household member is isolating because of COVID-19 symptoms but has already tested negative on one PCR or rapid molecular test, or two rapid antigen tests.

**5. Has a doctor, health care provider, or public health unit told you that you should currently be isolating (staying at home)?**

Yes  No

This can be because of an outbreak or contact tracing.

**6. Do any of the following apply?**

Yes  No

- In the last 14 days, you travelled outside of Canada and were told to quarantine.
- In the last 14 days, you travelled outside of Canada and were told to not attend school/child care.

## Results of screening questions

**If you answered "YES" to ANY question, you cannot go to school or child care. Contact your school/child care provider to let them know that you will not be attending school today. See below for isolation and testing requirements.**

**NOTE: When the option of [5, 10] days is listed:**

- Use 5 days if you are fully vaccinated AND/OR 11 years old or younger
- Use 10 days if you are 12 years old or older and not fully vaccinated OR if you are immunocompromised, OR if you attend or work at a school or student lodging in a highest risk congregate care setting (e.g. a hospital school, or an Education and Community Partnership Program).

**! If you answered "YES" to any of the symptoms listed under question 1, do not go to school or child care.**

- You must isolate (stay home) and not leave except to get tested, to get a clinical assessment, or for a medical emergency.
- If you are not tested, you must isolate for [5, 10] days from when symptoms started and stay in isolation until your symptoms have been improving for 24 hours (or 48 hours after nausea, vomiting and/or diarrhea symptoms), and you do not have a fever, whichever is longest.
  - When determining your isolation period, the day your symptoms began is day 0. For example, for those isolating 5 days, if you develop symptoms on Saturday (day 0), you can return to school on Friday (day 6).
  - If your isolation period is 5 days, from days 6 to 10 after developing symptoms, do not visit or attend work in any highest risk settings (unless you have tested positive for COVID-19 in the past 90 days and have already completed your isolation); continue to wear a well-fitted mask in all public settings (including school and child care); avoid activities where you need to take

off your mask (for example, playing a wind instrument in music class or removing your mask for sports); and do not visit anyone who may be at higher risk of illness (for example, seniors or people who are immunocompromised).

- If testing is available:
  - If a single PCR test, rapid molecular test, or rapid antigen test is positive, you should follow the guidance above for “if you are not tested” and isolate for [5, 10] days.
  - If a single PCR or rapid molecular test is negative or two rapid antigen tests collected 24-48 hours apart are both negative, you may return to school/child care when your symptom(s) have been improving for at least 24 hours (48 hours for nausea, vomiting and/or diarrhea) and you do not have a fever.
- Household members must stay home at the same time as you, unless they are 17 or younger and fully vaccinated, 18 or older and have received their COVID-19 booster dose AND/OR they have previously tested positive for COVID-19 on a rapid antigen test or molecular test (PCR or rapid molecular) in the past 90 days and have already completed their isolation.
  - Household members isolating because of symptoms and/or a positive test result do not need to extend their isolation period if another household member develops symptoms or tests positive.
  - For 10 days after their last exposure to the person with COVID-19 symptoms, household members:
    - \* do not visit or attend work in any highest risk settings (unless they have tested positive for COVID-19 in the past 90 days and have already completed their isolation)
    - \* continue to wear a well-fitted mask in all public settings (including school and child care)
    - \* avoid activities where they need to take off their mask (for example, playing a wind instrument in music class or removing their mask for sports)
    - \* do not visit anyone who may be at higher risk of illness (for example, seniors or people who are immunocompromised).



**If you answered “YES” to any of the symptoms listed under question 2, do not go to school or child care.**

- If you have experienced **only one** of these symptoms in the last [5, 10] days you must stay home until the symptom has been improving for at least 24 hours (48 hours for nausea, vomiting and/or diarrhea). A negative test result is not required for return to school/child care.
  - If you have been identified as a “close contact” of someone with COVID-19 in the last 10 days, even if you are fully vaccinated and the contact was not living with you, it is more likely that you have a COVID-19 infection. You must isolate for [5, 10] days and until you do not have a fever and your symptoms have been improving for at least 24 hours (48 hours for nausea, vomiting, and/or diarrhea).
  - Household members are not required to isolate as long as they do not develop symptoms.
- If you have experienced **two or more** of these symptoms in the last [5, 10] days you must isolate (stay home). Follow the instructions under **“If you answered “YES” to any of the symptoms listed under question 1, do not go to school or child care.”**



**If you answered “YES” to question 3, do not go to school or child care**

- You must isolate (stay home) and only leave for a medical emergency or for clinical assessment.
- You must isolate for [5, 10] days from when symptoms started or from when you tested positive for COVID-19 (whichever was first) and stay in isolation until your symptoms have been improving for 24 hours (or 48 hours after nausea, vomiting and/or diarrhea symptoms) and you do not have a fever, whichever is longest.
  - When determining your isolation period, the day your symptoms started or you tested positive is day 0. For example, for those isolating 5 days, if you develop symptoms or test positive on Saturday (day 0), you can return to school on Friday (day 6).
  - If your isolation period is 5 days, from days 6 to 10 after testing positive or developing symptoms: do not visit or attend work in any highest risk settings; continue to wear a well-fitted mask in all public settings (including school and child care); avoid activities where you need

to take off your mask (for example, playing a wind instrument in music class or removing your mask for sports); and do not visit anyone who may be at higher risk of illness (for example, seniors or people who are immunocompromised).

- Household members must stay home at the same time as you, unless they are 17 or younger and fully vaccinated, 18 or older and have received their COVID-19 booster dose AND/OR they have previously tested positive for COVID-19 on a rapid antigen test or molecular test (PCR or rapid molecular) in the past 90 days and have already completed their isolation.
  - Household members isolating because of symptoms and/or a positive test result do not need to extend their isolation period if another household member develops symptoms or tests positive.
  - For 10 days after their last exposure to the person with COVID-19 symptoms or a positive test result, household members:
    - \* do not visit or attend work in any highest risk settings (unless they have tested positive for COVID-19 in the past 90 days and have already completed their isolation)
    - \* continue to wear a well-fitted mask in all public settings (including school and child care)
    - \* avoid activities where they need to take off their mask (for example, playing a wind instrument in music class or removing their mask for sports)
    - \* do not visit anyone who may be at higher risk of illness (for example, seniors or people who are immunocompromised).



**If you answered “YES” to question 4, do not go to school or child care.**

- You must isolate (stay home) while there is anyone in the home who is isolating because of symptoms of COVID-19, a positive COVID-19 test result, or is isolating while waiting for a COVID-19 test result. You should only leave home for a medical emergency or clinical assessment.
- All household members must stay home at the same time as the household member who has COVID-19 symptoms or is a positive COVID-19 case, unless they are 17 or younger and fully vaccinated, 18 or older and have received their COVID-19 booster dose AND/OR they have previously tested positive for COVID-19 on a rapid antigen test or molecular test (PCR or rapid molecular) in the past 90 days and have already completed their isolation
  - For 10 days after their last exposure to the person with COVID-19 symptoms or a positive test result, household members:
    - \* do not visit or attend work in any highest risk settings (unless they have tested positive for COVID-19 in the past 90 days and have already completed their isolation)
    - \* continue to wear a well-fitted mask in all public settings (including school and child care)
    - \* avoid activities where they need to take off their mask (for example, playing a wind instrument in music class or removing their mask for sports)
    - \* do not visit anyone who may be at higher risk of illness (for example, seniors or people who are immunocompromised).
- If another household member develops symptoms or tests positive, you must continue isolating until they have also finished their own isolation period. The initial household member(s) with symptoms and/or positive test results does not have to extend their isolation period based on other household members developing symptoms or testing positive.



**If you answered “YES” to question 5, do not go to school or child care.**

- You must isolate (stay home) for [5, 10] days and not leave except to get tested, to get a clinical assessment, or for a medical emergency.
  - When determining your isolation period, the day you were exposed to an individual with symptoms or COVID-19 is day 0. For example, for those isolating 5 days, if you were exposed on Saturday (day 0), you can return to school/child care on Friday (day 6).
  - If your isolation period is 5 days, from days 6 to 10 do not visit or attend work in any highest risk settings (unless you have tested positive for COVID-19 in the past 90 days and have already completed your isolation); continue to wear a well-fitted mask in all public settings (including school and child care); avoid activities where you need to take off your mask (for

example, playing a wind instrument in music class or removing your mask for sports); and do not visit anyone who may be at higher risk of illness (for example, seniors or people who are immunocompromised).

- As long as you and your household members do not develop any symptoms, they do not need to isolate but should self-monitor for symptoms.



**If you answered “YES” to question 6, do not go to school or child care.**

- You must follow federal guidelines for individuals who have travelled internationally outside of Canada, which includes:
  - wearing a mask at all times when in public spaces (including schools and child care)
  - maintaining a list of all close contacts for your first 14 days in Canada and
  - monitoring yourself for signs and symptoms of COVID-19.
- If you have been directed to quarantine you must stay home for 14 days and not leave except to get tested, to get a clinical assessment, or for a medical emergency. For more information on federal requirements for travellers, please see the [Government of Canada's website](#).
- If you develop symptoms, you must also follow isolation guidance found under the results to "If you answered "YES" to any of the symptoms listed under question 1 do not go to school or child care." and/or "If you answered "YES" to any of the symptoms listed under question 2, do not go to school or child care."



**If you answered “NO” to all questions, you may go to school/child care.**

- As per regular protocols, all sick individuals with any symptoms of illness should stay home and seek assessment from their regular health care provider if required.
- Individuals with severe symptoms requiring emergency care should go to their nearest emergency department.
- If you got a COVID-19 vaccine or flu shot in the last 48 hours and are experiencing mild fatigue/tiredness, muscle aches, and/or joint pain that only began after vaccination, you should wear a properly fitted mask for the entire time at school/child care while you are experiencing these symptoms that only began after vaccination. You may take the mask off to quickly eat or drink and you must stay at least two metres away from others while it is off. If your symptoms worsen, continue past 48 hours, or if you develop other symptoms: you should leave school/child care immediately to isolate.
- If you have travelled outside of Canada in the last 14 days you must follow federal guidelines which includes:
  - wearing a mask at all times when in public spaces (including schools and child care)
  - maintaining a list of all close contacts for your first 14 days in Canada and
  - monitoring yourself for signs and symptoms of COVID-19
- Follow the guidance below if you do not have symptoms of COVID-19 and within the last 10 days:
  - You were identified as a close contact of someone with symptoms or with COVID-19 and were not required to isolate OR
  - You have completed a required 5 days isolation period for any reason
- For 10 days after your last exposure to the COVID-19 positive person/person with COVID-19 symptoms, or for days 6 to 10 following the completion of your 5-day isolation period, do not visit or attend work in any highest risk settings (unless you have tested positive for COVID-19 in the past 90 days and have already completed your isolation); continue to wear a well-fitted mask in all public settings (including school and child care); avoid activities where you need to take off your mask (for example, playing a wind instrument in music class or removing your mask for sports); and do not visit anyone who may be at higher risk of illness (for example, seniors or people who are immunocompromised).

**Note:** The removal of provincial requirements does not mean that the risk for COVID-19 has disappeared. We still need to do our part to protect ourselves and others from COVID-19. This includes practicing good hand hygiene and wearing a mask when required.