

THE HAGEDORN LITTLE VILLAGE SCHOOL

Jack Joel Center for Special Children

COVID-19: Policy and Procedures Student Screening Attestation Form

Before entering The Hagedorn Little Village School, parents of students **must complete a health screening questionnaire daily. In addition, the parent or guardian of students must sign and submit this form to HLVS one time.** A parent or guardian is responsible for completing the screening for each child. You must answer all the questions regarding your child's health status and take your child's temperature daily to confirm a body temperature lower than 100.4 degrees Fahrenheit. If the answer is "yes" to any of the questions, you may not send your child to school and must keep them at home. Parents will place the form each day in a plastic sleeve attached to their child's backpack.

Home Self-Screening:

Below are the self-screening that parents/guardians are required to answer **daily**, prior to sending their child to school.

- 1) Is your child's temperature higher or equal to 100.4 degrees Fahrenheit?
- 2) Is your child experiencing **ANY** of the following symptoms?
 - a. Temperature 100.4 degrees Fahrenheit or higher when taken by mouth?
 - b. New uncontrolled cough that causes difficulty breathing (for students with chronic allergic/ asthmatic cough, a change in their cough from baseline)
 - c. Diarrhea, vomiting, or abdominal pain
 - d. New onset of severe headache, especially with a fever
 - e. Fatigue; Muscle/Body Aches (new or worsening)
 - f. Loss of Taste or Smell
 - g. Sore Throat (new or worsening)
 - h. Congestion or Runny Nose
- 3) Has your child tested positive for COVID-19 through a diagnostic test in the past 14 days?
- 4) Has your child had any known, close contact (within 6 feet of an infected person for at least 15 minutes) with a person confirmed or suspected to have COVID-19 in the past 14 days?

If you have answered "NO" to all the questions, your child has passed and may attend school.

If you have answered "YES" to **any** question, your child may not attend school.

ATTESTATION: By signing this document, I agree that I will monitor my child's health status using the above questions each day and report the outcome per the instructions above. I will not send my child to school if any of the above symptoms or conditions are present.

Print name of person(s) signing Name/Classroom

Signature (Date)

Note: This document must be signed and returned to the school prior to entry. A signed copy needs to be provided only once. A copy will be retained at the school.