

The Hagedorn Little Village School
Jack Joel Center for Special Children

STUDENT- One-Time Screening Attestation Form (updated 9/9/21)

Before entering The Hagedorn Little Village School, *the parent and/or guardian of the student must sign and submit this form to HLVS one time.*

Due to the fluidity of the COVID-19 pandemic, the directives may change at any time and will supersede directives from the local and/or State Department(s) of Health. The Daily Attestation form will be updated to reflect all changes in the guidelines.

PLEASE remember to contact the nurse if your child will be absent for any reason. If your child is experiencing any COVID-like symptoms, please contact the school the nurse immediately to discuss protocols.

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

1. Is your child experiencing ANY of the following symptoms?

- Temperature 100.4 degrees Fahrenheit or higher
- New uncontrolled cough that causes difficulty breathing (for students with chronic allergic/ asthmatic cough, a change in their cough from baseline)
- Diarrhea, vomiting, or abdominal pain
- New onset of severe headache, especially with a fever
- Loss of taste or smell
- Sore throat (new or worsening)

2. Has your child tested positive for COVID-19 through a diagnostic test in the past 14 days?

3. Has your child had any close contact (within 6 feet of an infected person for at least 10 minutes) with a person confirmed to have COVID-19 in the past 14 days?

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.