

The Hagedorn Little Village School
Jack Joel Center for Special Children

UPDATED: One-Time Student Screening Attestation Form (effective 10/1/2020)

Before entering The Hagedorn Little Village School, parents/guardians **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. Parents/guardians must answer all the questions regarding their child’s health status and take their 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. Parents/guardians are required to place the form in a plastic sleeve attached to their child’s backpack.

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

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?
4. Has your child traveled to an area where the state health department is reporting large numbers of COVID-19 cases as indicated on the DOH website <https://coronavirus.health.ny.gov/covid-19-travel-advisory>.
 - If your child has traveled from one of the designated states with significant community spread, your child must quarantine when they enter New York for 14 days from the last travel within such designated state.

If you have answered “NO” to all the questions, your child 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)