

Student COVID-19 Self-Certification and verification form

In response to the COVID-19 pandemic and in order to ensure a safe and healthy environment for our school community, Joint Guidance from the Illinois Department of Public Health and Illinois Department of Children and Family Services requires that every student undergo a daily symptom screening prior to the building. Parents/Guardians **MUST** conduct this daily symptom screening prior to their student departing for school and reporting consistent with the parameters outlined below. This form must be signed and returned to the office or your child's teacher prior to the start of the 2020-2021 school year.

Name of Student: _____ **Date of Birth:** _____

Certification and Verification of Daily Symptom Screening

I verify that prior to entering the building, my student will receive a daily symptom screening at home by an adult caregiver to determine if my child is experiencing any of the following COVID-19 symptoms:

- Fever (temperature 100.4 °F or higher)
- Sore throat
- New uncontrolled cough that causes difficulty breathing (for a child with chronic allergic/asthmatic cough, see if there is a change from their usual cough)
- Diarrhea, vomiting, or nausea
- New onset of severe headache, especially with a fever
- New loss of taste or smell
- Fatigue
- Muscle or body aches
- Chills
- Any other COVID symptom identified by the DCD or IDPH

By sending my child to school on any given day, I am certifying and verifying that my child has received a daily symptom screening and is not experiencing any COVID-19 symptoms.

If my child is experiencing any of the above symptoms at the time of the daily screening, I will notify the school of my child's absence, by phone or email, including the symptoms my child is experiencing.

Certification and Verification of Other COVID-19 Relate Exposures

I will notify the school that my child will be absent pending further direction from Little Blessings Preschool if: (1) my child receives a diagnosis of COVID-19; (2) my child is suspected of having COVID-19; (3) my child comes in close contact (definition below) with an individual who tested positive for COVID-19 or is suspected of having COVID-19; or (4) my child traveled

internationally. If the office contacts me to gather information related to the reason for my child's absence, I will provide the necessary information as requested.

By sending my child to school on any given day, I am certifying and verifying that my student is not subject to an isolation or quarantine protocol related to COVID-19.

For COVID-19, the CDC defines a "close contact" as "any individual who was within 6 feet of an infected person for at least 15 minutes starting from 2 days before illness onset (or, for asymptomatic patients, 2 days prior to the positive specimen collection) until the time the patient is isolated."

Parent/Guardian Signature: _____ **Date:** _____