

## STUDENT SELF CERTIFICATION GUIDELINES FOR COVID-19

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 State Board of Education and the Illinois Department of Public Health requires that every student undergo a daily symptom screening prior to boarding the bus each school day or before entering any school building each school day.

The parent/guardian signature on the attached slips is **verification** that prior to your child boarding the school bus each day or entering a school building each day, your son/daughter has received a daily symptom screening at home by an adult caregiver and has verified your son/daughter is not experiencing any of the following COVID-19 symptoms:

- Fever (100.4 degrees or higher, without the use of fever-reducing medication)
- Fatigue
- Muscle or body aches
- Headache
- Shortness of breath
- Sore throat
- New uncontrolled cough (for students with chronic allergic/asthmatic cough, a change in their cough from baseline)
- Congestion or runny nose
- New loss of sense of taste or smell
- Diarrhea, nausea, vomiting, or abdominal pain

Additionally, the parent/guardian signature is **verification** that prior to boarding the school bus each day and/or entering a school building each day, your son/daughter:

- Has not had close contact with any person who has a confirmed or suspected diagnosis of COVID-19 within the last 14 days. CDC defines CLOSE CONTACT as:
  - anyone (with or without a face covering) who was within 6 feet of a confirmed case of COVID-19 (with or without a face covering) for a cumulative of 15 minutes throughout the course of a day.
    - close contact begins two calendar days before the onset of symptoms
    - if close contact was not showing symptoms the period begins two calendar days before they tested positive
- Has not traveled outside of the country within the last 14 days.

If your son/daughter **WILL NOT BE IN ATTENDANCE FOR ANY REASON**, please notify the school by calling the attendance office. Please include a listing of symptoms and/or reasons for the absence when speaking with the secretary or leaving a message. School staff may contact you to gather additional information. Thank you in advance for your cooperation in protecting the health of our students and all members of the Sandwich CUSD#430 learning community.



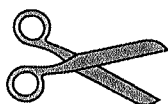
## Sandwich CUSD #430

### STUDENT Self Certification Form - COVID-19

Dear Parents:

- ★ Please cut and return one slip each day of school attendance.
- ★ The following slips MUST be signed by parent/guardian prior to boarding the school bus or entering the school building EACH DAY.

*PLEASE NOTE: Your child will not be able to ride the school bus or participate in face to face learning without a signed self certification form.*



(Additional slips are available on <https://www.sandwich430.org/> district website. Slips will be sent home the last day of school attendance each month.)

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#### Student COVID-19 Self-Certification Form - Parent Verification of No Symptoms

Student Full Name: \_\_\_\_\_

Building: \_\_\_\_\_ Grade Level: \_\_\_\_\_ Teacher Last Name: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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