

## **NPCCP COVID-19 Student Certification and Verification Form**

In response to the COVID-19 pandemic and in an effort to create a safe and healthy environment for our school community, NPCCP will be following the Illinois Department of Public Health (IDPH) and Illinois State Board of Education (ISBE) guidance regarding who should be present onsite at our school and require each student to undergo a daily health screening prior to entering the church building. In accordance with this guidance, parents/guardians must report consistent with the instructions outlined below, unless otherwise notified by NPCCP. This form must be completed and in your child's student file prior to the first day of school and will be in effect until further notice.

### **Procedures for Certification and Verification of Daily Symptom Screening and Other Related COVID-19 Exposures**

As the parent/guardian, I or an adult caregiver for my child, will conduct a daily symptom screening of my child to determine if my child is currently experiencing any of the following COVID-19 symptoms which cannot be attributed to another health condition:

- Fever (100.4 degrees or higher)
- Cough
- Shortness of breath or difficulty breathing
- Chills
- Fatigue
- Muscle and body aches
- Headache
- Sore Throat
- New loss of taste or smell
- Congestion or runny nose
- Nausea and/or vomiting
- Diarrhea

I acknowledge and agree that my child will not be permitted to enter NPCCP and will notify NPCCP that my child will be absent on that day, if:

- My child's daily screening reveals that my child is experiencing any COVID-19 symptoms which cannot be attributed to another health condition.
- My child tested positive for COVID-19 within the last 10 days.
- My child is waiting on the results of a COVID-19 test.
- My child is not fully vaccinated and within the past 14 days had close contact with someone diagnosed with COVID-19. (Outside of the classroom setting, the CDC defines "close contact" as "someone who was within 6 feet of an infected person for a cumulative total of 15 minutes or more over a 24-hour period starting from 2 days before illness onset (or, for asymptomatic patients, 2 days prior to test specimen collection) until the time the patient is isolated.")
- My child is not fully vaccinated, within the last 10 days my child traveled to a state or territory identified as ORANGE or RED in the City of Chicago Travel Advisory, and my child cannot produce a negative COVID-19 test or qualify for an exception as listed in the Advisory. (Chicago's Travel Advisory can be found here: <https://www.chicago.gov/city/en/sites/covid-19/home/emergency-travel-order.html>)

- My child is not fully vaccinated, and my child traveled internationally within the last 10 days (or 7 days with a negative COVID-19 test upon return)

### **Collective Responsibility**

As our students return to in-person learning, everyone must do their part to keep our community safe. This means that everyone in the NPCCP family, including students, parents/guardians, teachers and staff must practice the same safety measures that our students are using in-person at school. Therefore, in order to keep our school community safe, you agree to the following:

- Adhere to social distancing, wearing cloth face coverings or masks, and practicing good hand hygiene at school or home and in your social pods and community;
- Adhere to quarantining requirements for the appropriate number of days depending on the travel location;
- Observe and teach the same healthy hygiene habits we use at school at home: 20 second hand washing, appropriate use of face coverings, catching coughs and sneezes in a tissue or your elbow;
- Make the decision to stay home if you are sick or awaiting COVID-19 test results; and
- Be an example for your children and neighbors in modeling safe, responsible behaviors and compassion for others.

By signing below or sending my child to school, I agree and certify that the following:

- As the parent/guardian, I or another adult caregiver, will conduct a symptom screening of my child each day and follow the appropriate procedures listed above prior to my child entering the NPCCP building.
- If my child is experiencing any COVID-19 symptoms or any other COVID-related exposures listed above, I will not send my child to school and will notify NPCCP of their absence.
- If NPCCP staff contact me to gather additional information related to the results of my child's daily screening, I will cooperate and provide the necessary information as requested.
- Comply with the collective responsibility procedures outlined above.
- My student must be symptom free in order to participate in in-person preschool.

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

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

Parent/Guardian Email: \_\_\_\_\_